

106052

JPRS-TEP-88-004
2 MARCH 1988



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

19981013 093

JPRS Report

Epidemiology

DTIC QUALITY INSPECTED 3

REPRODUCED BY
U.S. DEPARTMENT OF COMMERCE
NATIONAL TECHNICAL
INFORMATION SERVICE
SPRINGFIELD, VA 22161

10
63
A04

Epidemiology

JPRS-TEP-88-004

CONTENTS

2 MARCH 1988

AFRICA (SUB-SAHARA)

MOZAMBIQUE

AIDS Training Seminars To Be Launched in Provinces [Maputo NOTICIAS, 22 Jan 88]	1
Measles Kills 120 in Cabo Delgado [Maputo NOTICIAS, 5 Jan 88]	1
Vaccination Campaign in Gaza Reaches 2,000 Children in 1987 [Maputo NOTICIAS, 8 Jan 88]	1

SOUTH AFRICA

Advisory Body on Future of AIDS Pattern in Country [Dianna Games; Johannesburg BUSINESS DAY, 7 Jan 88]	2
Number of AIDS Cases Nationwide Jumps Dramatically [Peter Delmar; Johannesburg THE CITIZEN, 7 Jan 88]	2
Anti-AIDS Campaign for Ciskei [East London DAILY DISPATCH, 9 Jan 88]	3
Nation's AIDS Sufferers Face Future of Social, Economic Discrimination	3
Message from AIDS Conference in Pretoria [Jaap Boekkooi; Johannesburg THE SUNDAY STAR, 24 Jan 88]	3
Millions Affected by New Regulations [Johannesburg THE SUNDAY STAR, 24 Jan 88 p 9]	3
Government Deportation Program Faces Deadlock [Jaap Boekkooi; Johannesburg THE SUNDAY STAR, 24 Jan 88]	4
Insurance Firms Rejecting Victims [Johannesburg THE SUNDAY STAR, 24 Jan 88]	5
Sex Education Ban in Public Schools [Johannesburg THE SUNDAY STAR, 24 Jan 88]	6
ANC Reports Three AIDS Fatalities [Johannesburg THE STAR, 25 Jan 88]	6
River Blindness on the Increase [Ndyakira Amooti; Kampala THE NEW VISION, 15 Jan 88]	6
First Fatality in Durban Polio Epidemic [Laura Nelson; Durban THE DAILY NEWS, 26 Jan 88]	7
Rabies Campaign To Be Launched in Durban Area [Durban POST NATAL, 27-30 Jan 88]	8
Army Worms March Through Midrand [Sally Sealey; Johannesburg THE STAR, 25 Jan 88]	8

TANZANIA

Spread of Cassava Mealy Bug Causes Quarantine [Pudenciana Temba; Dar es Salaam TANZANIA DAILY NEWS, 21 Jan 88]	9
---	---

ZAMBIA

Syphilis Record With 8,000 Reported Cases in 1987 [Godthaab; GRONLANDSPOSTEN, 22 Dec 87]	9
Cattle Dipping Made Compulsory [Lusaka ZAMBIA DAILY MAIL, 1 Jan 88]	10

CANADA

AIDS Antibody Positive Test Results Surveyed	11
National Testing Report [Toronto THE GLOBE AND MAIL, 11 Jan 88]	11
British Columbia Results [Vancouver THE SUN, 7 Jan 88]	12
Number of AIDS Cases Reported to Total 1,464 [Richard Brennan; Windsor THE WINDSOR STAR, 31 Dec 87]	12
Statistics Given on 1986 Death Causes by Category [Robin Ludlow; Windsor THE WINDSOR STAR, 14 Jan 88]	12
AIDS Project Using Gene Therapy, Ontario Funding Examined	13
Gene Therapy Project [Lawrence Surtees; Toronto THE GLOBE AND MAIL, 25 Jan 88]	13
Ontario Hospital Funding [Joan Breckenridge; Toronto THE GLOBE AND MAIL, 27 Jan 88]	14
Cancer Incidence, Ontario Fund-raising Groups Discussed [Toronto THE GLOBE AND MAIL, 26 Jan 88]	15

Farm Study Shows Birth Defect Rate Above Normal [Craig McInnes; THE GLOBE AND MAIL, 23 Jan 88]	15
Presence of Parasitic Worms in East Coast Fish Climbing [Dennis Foley, Anne McIlroy; Ottawa THE OTTAWA CITIZEN, 2 Jan 88]	16
Atlantic Mollusk Harvesting Ban Lifted in Some Areas	17
7 January Report [Graham Fraser; Toronto THE GLOBE AND MAIL, 7 Jan 88]	17
13 January Report [Windsor THE WINDSOR STAR, 13 Jan 88]	17

CHINA

Status of AIDS Prevention, Research in China [Liu Xiaolin and Li Jianxin; Beijing RENMIN RIBAO, 20 Jan 88]	19
---	----

EAST ASIA

HONG KONG

Government Imposes Blood Screening for AIDS [Hong Kong SOUTH CHINA MORNING POST, 21 Jan 88]	21
Presence of New Strain of Hepatitis Confirmed [Mary Ann Benitez; Hong Kong SOUTH CHINA MORNING POST, 10 Feb 88]	21

JAPAN

Some 394 Billion Lire Allocated for Growing AIDS Problem [Rome, LA REPUBBLICA, 18 Dec 87]	21
--	----

LAOS

Dengue Fever Outbreak by Area, Government Orders Reported	21
Sayaboury, Saravane 'Basically' Cured [Vientiane PASASON, 1 Sep 87]	21
Savannakhet Outbreak Being Suppressed [Vientiane PASASON, 12 Aug 87]	22
Army Involved in Suppression Effort [Vientiane PASASON, 28 Jul 87]	22
Multi-Pronged Anti Dengue Work Noticed [Vientiane PASASON, 15 Jul 87]	22
Vientiane Anti-Dengue Work [PASASON, 11 Jul 87]	22
Decrease of Dengue Fever in Champhon District, Savannakhet Province [Vientiane PASASON, 18 Aug 87]	22
Outbreaks Said To Decrease [Vientiane PASASON, 28 Sep 87]	23
Attopeu Epidemic [Vientiane KHAOSAN PATHET PAO, 9 Sep 87]	23
Other Savannakhet Districts [Vientiane KHAOSAN PATHET LAO, 7 Aug 87]	23
Public Health Warning [Vientiane VIENTIANE MAI, 28 May 87]	23
Capital Issues Instruction on Dengue Fever Epidemic [Vientiane VIENTIANE MAI, 13 Oct 87]	23
Disease-Free Zone Established In Savannakhet [Vientiane PASASON, 14 Oct 87]	24
Malaria, Other Disease Outbreaks Reported By Area	24
Khammouan Malaria Incidence [Vientiane KHAOSAN PATHET LAO, 13 May 87]	24
Attopeu Malaria [Vientiane KHAOSAN PATHET LAO, 10 Aug 87]	25
Remote Vientiane District's Malaria Rate [Vientiane VIENTIANE MAI, 21 May 87]	25
Vientiane Capital's Malaria Rate [Vientiane VIENTIANE MAI, 23 May 87]	25
Xieng Khouang Malaria Rate [Vientiane PASASON, 26 Jun 87]	25
Champassak Malaria Work [Vientiane PASASON, 27 Jun 87]	25
Champassak District's Malaria Rate [Vientiane PASASON, 15 Oct 87]	25
Saravane District's Malaria Rate [Vientiane PASASON, 23 Sep 87]	26
Houa Phan Disease Outbreak [Vientiane PASASON, 2 Oct 87]	26
Khammouan Malaria Outbreak [Vientiane PASASON, 26 Oct 87]	26
Editorial: Animal Vaccination Poor, Disease Rampant [Vientiane PASASON, 17 Mar 87 pp 1,3]	26
Agriculture Ministry: Anthrax, Pasteurellosis Up Due To Poor Vaccination [Vientiane PASASON, 27 Feb 87]	27

PHILIPPINES

Visitors Require AIDS-Free Certification [Hong Kong AFP, 17 Feb 88]	28
---	----

VIETNAM

Pest Infestation of Rice Reported Nationwide [*Hanoi Domestic Service*, 23 Feb 88] 28

EAST EUROPE

CZECHOSLOVAKIA

First AIDS Death Recorded [*Prague; RUDE PRAVO*, 21 Nov 87] 29

LATIN AMERICA

BAHAMAS

Update on AIDS Situation; Almost 50 Percent Dying
[*Anthony Forbes; Nassau THE TRIBUNE*, 9 Jan 88] 30

BARBADOS

16 More AIDS Deaths in 1987; Total Now at 34
[*Bridgetown THE SUNDAY ADVOCATE*, 17 Jan 88] 31
Vector Control Under Way To Curb Dengue Fever Outbreak [*Bridgetown CANA*, 15 Jan 88] 31

BERMUDA

Government Reviews AIDS Situation for 1987 [*Hamilton THE ROYAL GAZETTE*, 8 Jan 88] 31

CHILE

AIDS Blood Screening, Notification Detailed [*Santiago LA NACION*, 13 Jan 88] 32

COLOMBIA

Malaria Cases Increase After Fumigation Ceases [*Barranquilla EL HERALDO*, 2 Jan 88] 32

DOMINICA

AIDS Claims Second Victim; Others Are Afflicted
[*Roseau THE NEW CHRONICLE*, 31 Dec 87] 33

GUYANA

EEC, MSF Provide Help for Malaria Eradication
[*Colly Prowell; Georgetown GUYANA CHRONICLE*, 9 Jan 88] 34

JAMAICA

Nine More AIDS Cases Reported; 28 of 44 Have Died
[*Kingston THE DAILY GLEANER*, 21 Jan 88] 34

TRINIDAD AND TOBAGO

Government Reports Disease Threats, Morbidity Rates
[*Port-of-Spain TRINIDAD GUARDIAN*, 22 Jan 88] 35
Government Finds AIDS Link to Tuberculosis [*Port-of-Spain SUNDAY EXPRESS*, 10 Jan 88] 35

NEAR EAST & SOUTH ASIA

INDIA

Continuing Developments in Struggle Against AIDS 37

Breakthrough in Research [Bombay THE TIMES OF INDIA, 30 Dec 87]	37
Discovery in Indian Monkeys [Madras THE HINDU, 8 Dec 87]	37
Air Hostess Deported, New Statistics [Bombay THE TIMES OF INDIA, 4 Jan 88]	38
Concern Expresses Over High Incidence of Heart Diseases [New Delhi PATRIOT, 19 Dec 87]	39
Rise in Incidence of Sexually Transmitted Diseases [Bombay THE TIMES OF INDIA, 14 Dec 87]	39
Deaths Due to Impurities in Measles Vaccine [Bombay THE TIMES OF INDIA, 22 Jan 88]	40
Planning Commission Assesses Disease Control [New Delhi PATRIOT, 19 Jan 88]	41
Progress in Indo-Soviet Program Against Malaria [Calcutta THE STATESMAN, 18 Jan 88]	41
New Anti-Rabies Compound Developed in Delhi Lab [New Delhi PATRIOT, 20 Jan 88]	42
Lepers at Temple Spread Disease to Healthy [Bombay THE TIMES OF INDIA, 4 Jan 88]	42
Center Gives Statistics on Waterborne Diseases [Calcutta THE STATESMAN, 14 Jan 88]	43
Killer Disease Found in Imported Race Horses [Madras THE HINDU, 14 Jan 88]	43
Mystery Disease Hits Bihar Paddy Crop [Calcutta THE TELEGRAPH, 24 Dec 87]	44

SRI LANKA

Official Talks About Brain Disease 'Epidemic' [Mallika Wanigasundara; Kathmandu THE RISING NEPAL, 17 Jan 88]	44
Rinderpest Said Under Control [Colombo THE ISLAND, 22 Jan 88]	45

SOVIET UNION

Ministry of Health Response to AIDS Questions [Moscow KOMSOMOLSKAYA PRAVDA, 23 Jan 88 p 2]	46
AIDS Diagnostic Laboratory Opened in Tashkent [Tashkent PRAVDA VOSTOKA, 21 Nov 87 p 4]	46
Soviet-Finnish Cooperation in AIDS Vaccine Development [Tashkent PRAVDA VOSTOKA 25 Nov 87 p 3]	46

WEST EUROPE

DENMARK

Denmark Still One of Countries Hardest Hit by AIDS Epidemic [Henning Ziebe; BERLINGSKE TIDENDE, 18 Nov 87]	47
Minister: Physicians Have Right to Notify AIDS Victim's Partner [Johnny Hundt; Copenhagen BERLINGSKE TIDENDE, 28 Nov 87]	47
Dramatic Drop in Syphilis Cases Among Males Reported [Henning Ziebe; BERLINGSKE TIDENDE, 9 Nov 87]	47
Law on Venereal Diseases to Disappear from Books [Johnny Hundt; Copenhagen BERLINGSKE TIDENDE, 28 Nov 87]	48

FEDERAL REPUBLIC OF GERMANY

Health Ministers Review End-of-Year AIDS Status in FRG	48
Cases More Than Doubled [Ralph Lorenz; Bonn DIE WELT, 31 Dec 87]	48
Numbers Confirm Fears [Joachim Neander; Bonn DIE WELT, 31 Dec 87]	49
Editorial Attacks Cheating on AIDS Statistics [Georg Paul Hefty; Frankfurter FRANKFURTER ALLEGEINE, 7 Jan 88]	49
Bavarian AIDS Foundation Explores Care, Education Strategies [Hans Holzhaider; Munich SUEDEDEUTSCHE ZEITUNG, 5 Jan 88]	50

FRANCE

New Anti-AIDS Measures Announced [Franck Nouchi; Paris LE MONDE, 21 Jan 88]	51
---	----

IRELAND

Aids Cases Reported To Double Every 9 Months	52
Health Official Quoted [Ray Managh, Jim Edwards; Dublin IRISH INDEPENDENT, 5 Dec 87]	52

New Statistics Given [Dublin IRISH INDEPENDENT, 18 Dec 87]	52
'Flu-Type' Epidemic Reported in Dublin [Dublin IRISH INDEPENDENT, 19 Dec 87]	53
Dangerous Virus From Iraq Found in Dublin Hospital [Dublin IRISH INDEPENDENT, 4 Dec 87]	53

PORTUGAL

Statistics on Countrywide AIDS Cases [Lisbon DIARIO DE NOTICIAS, 20 Jan 88]	53
---	----

SPAIN

End-1987 AIDS Statistics Show Slower Rate of Increase [Madrid DIARIO 16, 9 Jan 88]	54
--	----

SWEDEN

Plan to Quarantine HIV-Positive People Who Spread Infection [Stockholm SVENSKA DAGBLADET, 10 Nov 87]	54
Newspaper Backs Proposal for Changes in AIDS Policy [Stockholm SVENSKA DAGBLADT, 10 Nov 87]	55

UNITED KINGDOM

Leukemia 'Hotspot' Found on Lancashire Coast [David Fletcher; London THE DAILY TELEGRAPH, 24 Dec 87]	55
---	----

MOZAMBIQUE

AIDS Training Seminars To Be Launched in Provinces

54000059c Maputo NOTICIAS in Portuguese
22 Jan 88 p 8

[Text] Within the scope of the national program for prevention and control of Acquired Immune Deficiency Syndrome (AIDS), starting this coming 1 February, a series of provincial seminars will take place with the aim of training health personnel, as our reporters found out from a source at the National Institute of Health.

Health personnel from Sweden are arriving in our country to participate in these seminars, which are essentially aimed at bringing participants up to date in the areas of identification of the AIDS virus and knowledge of other sexually-transmitted diseases.

During the course of these seminars, which will last until March, the participants will also study ways of preventing sexually-transmitted diseases, whether through use of condoms or by engaging in monogamous sexual relationships.

Up to now, as our source pointed out, Mozambique's health authorities have worked out a national AIDS prevention and control program, which is budgeted at nearly \$6,000,000 for a period of 3 years.

The program has financing from Sweden, through its International Development Agency (ASD), and from the non-governmental solidarity organization (ARO), in addition to the Red Cross of Switzerland, which has already guaranteed its technical and financial support.

9895

Measles Kills 120 in Cabo Delgado

54000059b Maputo NOTICIAS in Portuguese
5 Jan 88 p 1

[Text] More than 120 children died in the province of Cabo Delgado in the latter months of last year as victims of measles, according to news which has reached our editorial room, published by GCS.

Thus, 50 children in the Singano communal village, in the Chiure district in Cabo Delgado, died from measles in the months of August and September.

Manuel Mendes, the secretary of the Party Cell for the village, stated that this situation was communicated to the District Health Board in Chiure, which has already sent a vaccination brigade to fight the disease.

The principal of Singano Primary School, Francisco Pereira, said that the students have been building latrines as a way of combatting diseases. The students have also built a house with three divisions, where the community school section will operate.

Many women in the village of Singano continue to give birth in their own homes, due to the lack of a maternity clinic. The village also lacks medication for patients.

Namuno Affected

Otherwise, the district health director announced that an outbreak of measles is affecting the district of Namuno in the province of Cabo Delgado, and has already caused the deaths of 74 children.

He added that the number of deaths may increase due to the existing difficulties in sending medication to treat patients in the Namuno district.

Namuno's district health director added that several localities are being seriously affected by this outbreak, because they were not included in the vaccination campaigns against the epidemic that were carried out in the province, namely due to difficulties in the transportation area.

9895

Vaccination Campaign in Gaza Reaches 2,000 Children in 1987

54000059a Maputo NOTICIAS in Portuguese
8 Jan 88 p 3

[Text] Between January and November 1987, the preventive medicine sector of the Massingir District Health Center in Gaza vaccinated more than 2,000 children, ranging in age from newborn infants to 11 months old, against diphtheria, whooping cough, and infantile paralysis. Additionally, it inoculated 767 school age children against tetanus.

Medical agent Francisco Bucuane said that during the same period, more than 500 children from 0 to 4 years of age were weighed.

Francisco Bucuane explained that in the communal villages, the vaccination brigades are mobilizing the people to participate in clean-up campaigns, and in building latrines and sanitary landfills.

The brigades also test the water in the existing wells in the rural areas to find out if it contains microbes that could transmit diseases to the people.

9895

SOUTH AFRICA

Advisory Body on Future of AIDS Pattern in Country

54000058a Johannesburg *BUSINESS DAY* in English
7 Jan 88 p 5

[Article by Dianna Games: "AIDS Future Pattern"]

[Text] The future pattern of AIDS in SA will probably eventually resemble more closely that of the rest of Africa than its present "Western character", the Advisory Group on AIDS says in its latest newsletter.

It said cases of AIDS were identified in SA's black population for the first time last year and the future prevalence of AIDS was expected to increase more rapidly among black South Africans than whites.

The group, an advisory body to the National Health Department, says two men and one woman have been identified as sufferers. All are probably heterosexual.

It said 32 new cases of AIDS were diagnosed among South Africans in 1987, bringing the total for the past six years to 76 of which 53 have died.

For the first time in SA, a woman was found to have AIDS which she had probably contracted from a blood transfusion received before blood donations were regularly tested.

Four prostitutes from Durban—two black, one white and one coloured—had been identified as AIDS carriers.

Johannesburg has had 46 AIDS cases since 1982, Cape Town 13, Durban seven, Pretoria five and Ladysmith, Bloemfontein, Welkom, Krugersdorp and Middelburg one each.

Sixty-five of the patients were homosexual or bisexual. Five contracted the disease by heterosexual contact. Three cases had been blood-transfusion-related and three patients were haemophiliacs.

Cases of AIDS have been reported from 37 African countries.

A total of 68 217 cases have been reported worldwide.

/09599

Number of AIDS Cases Nationwide Jumps Dramatically

54000058c Johannesburg *THE CITIZEN* in English
7 Jan 88 p 5

[Article by Peter Delmar: "Dramatic Jump in SA Aids Cases Last Year"]

[Text] The number of Aids cases diagnosed in South Africa jumped dramatically last year, bringing to 76 the total seen in the past six years.

But the 32 new cases were below the predictions of experts, according to an official statement released yesterday by the Department of Health's Aids Advisory Group.

On the basis of a one-year doubling period, some 42 new cases were expected. Of the 76 patients, 53 have died.

As predicted, the first cases among Black South Africans were identified—two men and one Black woman who was also the first local woman to have Aids—all of them were understood to be heterosexual.

It is believed that the woman contracted the infection from a blood transfusion before donations were routinely screened for the Aids antibody.

The prevalence of Aids is expected to increase more rapidly amongst Blacks than Whites, the statements said.

Cases of infection—particularly those spread by heterosexual contact—underlined fears that the pattern of the disease will come to resemble "African" Aids rather than retaining its present "Western" character.

Sixty-five of the South African patients have been homosexual or bisexual and in five cases Aids was contracted by heterosexual contact.

Three cases have been blood transfusion related and three of the victims were haemophiliacs.

Dr Ruben Sher, of the Advisory Group explained that unlike "Western" Aids, in which most victims were either homosexuals or intravenous drug users, "African" aids was generally spread by heterosexual contact.

Johannesburg has had 46 Aids cases since 1982, Cape Town 13, Durban seven, Pretoria five and Ladysmith, Bloemfontein, Welkom, Krugersdorp and Middelburg one each.

Dr Sher ascribed Johannesburg's high incidence of the disease to its large population, big gay community and then its status as the country's commercial centre which meant that it had more visitors coming and going than other cities.

/09599

Anti-AIDS Campaign for Ciskei

54000058b East London *DAILY DISPATCH* in English
9 Jan 88 p 5

[Text] East London—The Ciskei Department of Health has launched a major education programme on Aids.

Ciskei's deputy director-general of foreign affairs and information, Mr Headman Somtunzi, said yesterday the campaign aimed to make citizens aware of the dangers of Aids and to take precautionary measures against the killer disease.

It had been revealed by Aids studies in South Africa that a new form of Aids, typical of the African continent type, had developed among South African blacks.

Experts say the disease is common among homosexuals, especially in America and Europe, but that in Africa most cases were heterosexual, with the latter trend not occurring locally until fairly recently.

Mr Somtunzi said pamphlets which would be distributed by medical staff to the community were being printed, and nurses at rural clinics and hospitals would help educate the people about the dangers of Aids.

The Department of Health had adopted a strategy whereby information about Aids would be spread to members of clubs and societies, who in turn would pass the word on to others in the community, he said.

Films on Aids would also be shown so as to reach all sectors of the community.

Mr Somtunzi said the Department of Health was working together with its South African counterpart on the campaign.

No cases of Aids had been diagnosed in Ciskei, he said.

/09599

Nation's AIDS Sufferers Face Future of Social, Economic Discrimination

Message from AIDS Conference in Pretoria

54000071 Johannesburg *THE SUNDAY STAR* in English
24 Jan 88 p 1

[Article by Jaap Boekkooi]

[Text] South African victims of the deadly Aids virus face a future in which they will have to fight not only the crippling disease but also discrimination which will make them virtual outcasts.

That was the grim message which emerged this week in the wake of South Africa's Aids Conference in Pretoria and from growing evidence of discrimination in various fields, including insurance, home loans, jobs and even education.

These developments come at a time when international resources are being pooled to try to curb the global sweep of the killer disease.

Health policy-makers from 145 countries gather in London this week for the first world Aids summit.

The three-day conference, which opens on Tuesday, will be the largest meeting of government ministers ever held on a single health problem, according to the World Health Organisation (WHO).

The Geneva-based WHO had recorded 75,392 Aids cases in 130 countries as of mid-January. But WHO estimates the actual worldwide toll is double that because many cases have not been reported, particularly from Africa.

In South Africa, fear seemed to be the key word as Aids and potential Aids victims face a barrage of discrimination:

- Millions of South African workers—including all civilian servants—may run the risk of being dismissed from their jobs if they become carriers of the Aids virus.
- Insurance companies in South Africa have started to refuse life policies of potential Aids victims.
- A leading building society was alleged this week to have refused a home loan to two single men jointly buying a house unless they took Aids tests.
- Children infected with Aids, or in contact with Aids victims, may in future be expelled from schools.

In a related development, the Government programme to deport foreign workers infected with the fatal Aids virus has become deadlocked in the face of opposition from the National Union of Mine Workers, the Chamber of Mines, and the medical profession.

Millions Affected by New Regulations

54000071 Johannesburg *THE SUNDAY STAR* in English
24 Jan 88 p 9

[Text] Millions of South African workers—including all public servants—may run the risk of being dismissed from their jobs if they become carriers of the Aids virus.

And, in terms of new regulations:

- Children infected with Aids, or in contact with Aids victims, may in future be expelled from schools;
- Foreign visitors may be tested for Aids at borders and barred;

- Promiscuous people may be forcibly quarantined; & Children may sue their mothers;
- Infected prostitutes may be charged with anything from assault to manslaughter and even murder if they ply their trade and infect clients.

These are some of the new and unheard-of legal thickets South Africa is entering with the spread of Aids, not only among white homosexuals but now also among black families.

Speaking in Johannesburg this week, Unisa's Professor of Legal History and Philosophy, Professor Christa van Wyk, said that in terms of the country's common law, employers have the right to dismiss employees infected with Aids.

People Affected Jointly Form a Work Force of Millions in SA

This would not apply to industrial and other workers, who would probably be protected by legal strictures on unfair labour practices, but it would affect others not protected by the Labour Relations Act, such as civil servants, domestics and farm workers, who jointly form a work force of millions in South Africa.

According to Professor van Wyk, under the new regulations, published by the Health and Home Affairs Ministries less than three months ago, the operative phrase which will govern the hunt to flush out Aids sufferers is "a reasonable suspicion".

Although Aids is not a notifiable disease—the Medical Association believes this would drive it underground—it is a communicable one; and the new regulations empower health officers to conduct compulsory medical examinations, including Aids tests, where they have "a reasonable suspicion" that someone has a communicable disease.

Such a medical officer of health now also has the power to remove an Aids sufferer to a hospital or place of isolation "until he is free of infection", which in the case of Aids means never, as Professor van Wyk pointed out.

Aids sufferers can also in future be forced to carry out instructions to prevent the spread of their disease.

They must notify changes of work or address, and may be ordered not to prepare or handle food to be eaten by others.

Could South African Aids sufferers in future be barred from society and put into quarantine blocks or even concentration camps for the rest of their lives, as is already happening in a libertarian country like Sweden?

Professor van Wyk thinks so.

She quoted cases where "people from high-risk groups, who have continual sex with multiple partners, warrant limitation of their freedom by their promiscuous behaviour.

"As long as the restraints of individual liberty are outweighed by social needs, compulsory isolation (of Aids sufferers) may be justified."

Schools Can Be Closed, Staff or Pupils Barred

The new regulations, according to Professor van Wyk, also allow town councils and other local authorities to close any school and bar staff or pupils.

A headmaster who suspects a pupil of suffering from Aids or of having been in contact with an Aids patient, may keep him expelled until a certificate from a doctor is submitted.

Parents must inform principals if their child suffers from Aids.

Insurance companies, said Professor van Wyk, had a right to test policy-holders for Aids, which produced a mortality rate 26 times higher than in people with normal health, if only to avoid unfair burdens on other policy holders.

Under South African law, a man or woman infected with Aids who had sex with someone unaware of his or her condition, can be found guilty of assault, crimen injuria, attempted murder, culpable homicide and even murder.

Government Deportation Program Faces Deadlock
54000071 Johannesburg THE SUNDAY STAR in
English 24 Jan 88 p 9

[Article by Jaap Boekkooi]

[Text] The government programme to deport foreign workers infected with the fatal Aids virus has become deadlocked in the face of opposition from the National Union of Mine Workers (NUM), the Chamber of Mines, and the medical profession.

Although new strict regulations by the Home Affairs and Health Ministries to facilitate such deportations were published almost three months ago, not a single deportation has yet been carried out, as far as it is known.

The chief obstacle is one of South Africa's most sacrosanct medico/legal principles: the rule of confidentiality between doctor and patient. It specifies that no Aids sufferer may be identified without his express consent, and so it effectively paralyses the Government's deportation plans.

This has led to the strange situation that, although the State has vowed to repatriate almost 1,000 Malawian miners who reacted positively to Aids tests, it remains totally in the dark about the miners' actual identities.

These have so far been protected by the Chamber of Mines' own doctors, who resist breaking the confidentiality rule. All names of Aids carriers, as elsewhere, remain hidden deep in computer data banks.

The Chamber of Mines, via its spokesman Mr Pat Rogers, maintains its policy has "not changed". Previously this policy stipulated the Chamber was unwilling to release names of miners carrying Aids, and wished to counsel, treat and look after their needs in South Africa.

Mr Rogers added: "Some questions have been raised by the new regulations, which need clarification and we are in the process of talking to the Government about them."

Dr Willie van Niekerk, the Minister of Health, said this week that plans to deport the infected miners were going ahead, but added that the men would be deported "with compassion".

He gave no further details.

The Aids carrier problem has unwillingly manoeuvred the Chamber of Mines into a deadlock position caught between three fires:

- A threat from NUM that it will seek a Supreme Court interdict to prevent the Chamber's doctors from releasing the names of Malawians and other foreign miners, who are proven Aids carriers. Such a court action, attacking deportation as irrational and discriminatory, could well succeed, according to informed conjecture.
- The implied threat of stronger Government action if its deportation plan is thwarted, with predictable reaction from right-wing Opposition leaders, who have already called for Aids screening of all foreign workers.
- Seriously deteriorating relations with Malawi, the Chamber's most valuable foreign labour source, if infected miners are dumped there, and extensive screening tests on new recruits are carried out.

The 1,000 miners, who can only be sent back when their contracts are completed, remain a potential source of the heterosexual, or African Aids, form of the disease, which has invaded up to 25 percent of some populations in central Africa. It is now claiming its first victims in South Africa itself, and the number of black South Africans currently infected is estimated at between 3,000 and 15,000.

The infected miners are being "serviced" by thousands of prostitutes, both fulltime and free-lance, in areas around the mines. Early last year, 94 black women who

described themselves as promiscuous, were tested for Aids antibodies and found negative. But this test is no longer regarded as fully representative or valid for 1988.

Insurance Firms Rejecting Victims

54000071 Johannesburg *THE SUNDAY STAR* in English 24 Jan 88 p 9

[Text] Insurance companies in South Africa have started to refuse life policies to potential Aids victims.

One company has imposed a restriction which cancels pay-outs to policy-holders suffering from "sexually transmitted diseases", of which Aids is currently the only deadly one.

And the United Building Society was alleged this week to have refused a home loan to two single men jointly buying a house unless they took Aids tests, but says the refusal only concerned subsequent life cover.

After a series of current talks, the life-assurance industry throughout South Africa is expected to include life assurance, or load premiums, for all clients who react positively to Aids antibody tests.

It could leave Aids carriers, of which there may be up to 20,000 in South Africa, financially stranded or paying exorbitant premiums, under company policies which try to protect other policy holders from high-risk groups.

One of the first large companies which has imposed an exclusionary clause on clients whose death is the result of sexually transmitted diseases, is Liberty Life.

But such clauses, imposed at the company's discretion, have not been implemented by all Liberty Life offices, says joint managing director Mr Dorian Wharton-Hood.

At this week's Aids Training and Information conference in Johannesburg, legal experts argued that Liberty Life's clause was discriminatory in that Aids could not only be transmitted sexually but also natally, and also through body fluid and blood transfusions.

About an allegation that the UBS had refused a home loan to two single men buying a house together unless they took Aids tests, the society's managing director, Mr Mike de Blanche, said:

"I do not accept that. In home loans we only look at the security and income of the individual.

"If this case also concerns life cover, it is of course a separate issue. We have our own insurance company.

"In certain cases there could be some difficulty for the issue is very sensitive."

Liberty Life's Mr Wharton-Hood told The Sunday Star that the life-assurance industry, through the Life Offices Association, has set up a specialist Aids sub-committee to make recommendations on how to approach the complex question of this fatal disease.

He said the problem was that where extra premiums were charged in the past on people where the additional mortality risk could be quantified, there were not enough available facts to assess the long-term impact of Aids.

If Liberty Life ignored the Aids problem it would be acting irresponsibly "and could well be accused by our existing policy holders of not looking after their interests."

Actuarial studies done overseas, and quoted by Unisa's Professor Christa van Wyk, show that a person who becomes infected with the Aids virus runs 26 times more risk of dying prematurely than somebody in normal health.

An initial response from the insurance industry is to demand Aids antibody tests in support of all life-assurance applications above a certain amount, said to be R200,000 and over.

Sex Education Ban in Public Schools
54000071 Johannesburg THE SUNDAY STAR in
English 24 Jan 88 p 9

[Text] While Health Minister Willie van Niekerk launched the Government's R1-million Aids campaign this week, the country's foremost Aids researcher disclosed he is forbidden to give Aids talks in schools.

Dr Ruben Sher, head of the Aids unit at the South African Institute of Medical Research, said at a conference this week that government schools had forbidden him and his colleagues to give educational talks on Aids.

"It is part of the ban on any sex education in public schools," said Dr Sher.

"In private schools there is no such ban and certain headmasters could take responsibility for such talks."

Dr Sher said he would be allowed to talk about Aids to teenagers purely as a biological subject.

But it was difficult to give such a talk "without putting sex into it."

"It is a great pity," he said, "but legally there seems no way in which we can get permission."

/9274

ANC Reports Three AIDS Fatalities
54000069b Johannesburg THE STAR in English
25 Jan 88 p 7

[Text] Lusaka—There have been three fatal cases of Aids among African National Congress members, an ANC spokesman has said.

In a report from the Zambian capital, the African News Organisation (ANO) said the spokesman said that recent reports about the ANC facing a huge health problem because of the disease has been blown out of all proportion to smear the organisation.

The ANC had a special health education programme for all its members and ANC members were being tested for Aids on a regular basis.

Like any other responsible leadership, the ANC leaders were naturally concerned about the disease, the spokesman said.

At a clinic in an ANC camp in Tanzania which catered for 2,000 people, everyone had been tested for Aids, the spokesman said.

"When the president of the ANC, Mr Oliver Tambo, expressed his concern over Aids to members of the ANC in Lusaka last year, he did so in the knowledge that Aids was dangerous and in the hope that they would take care of themselves like anyone else," the spokesman said.

Zambia, where the ANC has its headquarters, is regarded as one of the countries where Aids is predominant.

One of the three ANC victims of Aids died in Lusaka.

The ANC did its best to inform its members about the causes of Aids and gave advice to its people on how to prevent the disease.

"The whole of the civilised world engages in disseminating this type of information and the ANC is not outside the human community."

/9274

River Blindness on the Increase
54000048a Kampala THE NEW VISION in English
15 Jan 88 p 12

[Article by Ndyakira Amooti: "River Blindness Spreads in the West"]

[Text] There is a fearful upsurging of river blindness (onchocerciasis) along rivers Nyamugasani and Rwimi in Kasere District and in some parts of Mbarara and Kabarole districts.

Reports from Hoima indicate the disease has also reached Nyantonzi, Kasenene and Simba areas of Masindi, and along rivers Hoima and Wamabya in Hoima District.

In an interview with THE NEW VISION, Dr L. Agaba of Mulago Eye Clinic, and earlier on, with the Acting Deputy Director of Medical Services, Dr J. Jagwe, it has been learnt that the disease has reached alarming proportions in western Uganda. Dr Agaba added, "According to a recent survey by his eye specialist colleagues in Kasese and Kabarole districts, the situation is very worrying."

River blindness occurs when a black fly, known in Uganda as "Mbwa" fly, bites a human being infested with skin-dwelling larvae (worms). The worms mature inside the fly and are transmitted to another human being. In the victim, the parasites undergo full maturation and produce millions of new worms that migrate through the body. In the eye, the worms cause scarring and ultimately complete blindness.

In Uganda, some victims of onchocerciasis have had their skin affected, causing it to be dry and develop wrinkles. This is common in Paidha, Nebbi District among the victims that suffer from chronic infection. This kind of elephantiasis has caused some victims to develop nodules containing adult worms on hips or scrotum, in case of males, appearing like enormous swellings.

The disease is also known to have caused stunted growth among the populations where it is prevalent. It destroys growth glands rendering the victims dwarfs, according to entomologists of the Vector Control Division based in Kampala.

There are two types of "Mbwa" flies in Uganda, according to the Vector Division "Simulium naevii" and "Simulium grammosum". They breed along fast-running rivers and hence the original distribution was along rivers draining Mt Rwenzori and those flowing from Kabale and Buhwezhu highlands in western Uganda; Mt Elgon area, along rivers draining West Nile highlands and the Victoria Nile, as well as Budongo and Bugoma forests in Masindi and Hoima districts respectively.

Dr Agaba agreed with an earlier report by THE NEW VISION that river blindness has cropped up in some areas of Kabarole which are out of the original distribution areas and where conditions do not seem to suit the breeding habits of these flies. But he said he could not rule out the possibility that it could be another disease, altogether.

He admitted that the collapse of the Vector Control Division of the Ministry of Health has been responsible for the resurgence of river blindness in the country. According to the Division's officers, "the last control measures carried out in western Uganda were in 1976

and surveys were last done in 1977." Latest control measures, however, were carried out along Victoria Nile, in Bugerere, Mukono District in 1984.

Control methods involve the spraying of river banks where the flies are prevalent. But this service has over the years, gradually deteriorated along with the station, and has eventually collapsed mainly due to neglect.

Dr Agaba said if the current trend is not curtailed, it is likely to spread to forests and swampy areas of the country. He said all those concerned with the control of the disease will soon meet to suggest to the Government strategies to avert the problem.

He said however, that drugs which the Ministry of Health had been using in treating river blindness, like suramin, have become unpopular. He added, "We now wish to turn to ivermectin and mectizan, recently developed by an American pharmaceutical company.

It was also learned that a team of eye-specialists from the Royal Commonwealth Foundation for the Blind will visit western Uganda later this month. Areas to be visited include Kagando in Kasese, Mbarara, Kisizi in Rukungiri and Hoima.

/06662

First Fatality in Durban Polio Epidemic
54000069a Durban THE DAILY NEWS in English
26 Jan 88, p 1

[Article by Laura Nelson]

[Text] Polio has killed its first victim of the current epidemic in the Durban area with the death today of a four-year-old child.

This brings the number of children who have contracted the disease since Christmas to 15.

The unidentified boy, an African from Mariannhill, was admitted to hospital early yesterday.

It has also been confirmed that a child in the Eshowe Hospital has polio, while three others in the same ward are suspected of having the disease.

As fears grow, the State Health Department is planning an anti-polio campaign in Natal.

"We are more than concerned about the sudden increase in cases in the last four weeks. We are worried about the situation," a senior spokesman said today.

"We are not just sitting back and counting the cases—we are trying to find out where these children come from," she said.

"At this stage, there is no indication that there is one area that is predominantly the cause of the problem, but if we find there is a problem area, we will immediately carry out mass immunisation there."

She said the State Health Department was urging people over Radio Zulu to have their children vaccinated against polio.

Immunisation should be done soon after birth and up to the age of three months; again four to six weeks later; gain another four to six weeks later and finally a booster after one year.

Doctors have warned it should be done at least four times.

Dr Justin Morfopoulos, chief medical superintendent at Durban's King Edward VIII Hospital, said the four-year-old boy, who had been seriously ill with polio, was admitted in the early hours of yesterday.

He died early today. Dr Morfopoulos would not give his name.

The doctor said there were still three other children on respirators at the hospital.

A fourth child was being transferred today to Clairwood Hospital where he would be put in an infectious diseases ward with the other 20 polio patients.

The medical superintendent at Clairwood, Dr D. S. Dorasamy, said the patients were in a satisfactory condition.

"They were recovering, but they'll be in hospital for some months.

"Some of them will have residual paralysis or permanent weaknesses in their limbs and will need calipers, braces or boots," he said.

/9274

Rabies Campaign To Be Launched in Durban Area

54000069c *Durban POST NATAL in English*
27-30 Jan 88 p 7

[Text] Another anti-rabies campaign is to be launched by the State Veterinarian after it was revealed that there were 147 confirmed cases of rabies in the Durban area last year.

In 1986 there were fewer cases of confirmed rabies than last year, and this has alarmed the authorities.

According to a City Health spokesman, a campaign to combat the disease in the greater Durban area would begin in April.

There would also be three mini-campaigns along the North and South Coast and in Pinetown and Camperdown.

The spokesman said residents would be reminded of the clinic a week before through their local health authorities and staff members of the State Veterinarian.

Leaflets will also be distributed at schools.

Pets, three months and older, which were last vaccinated more than a year ago, must be re-vaccinated immediately and old rabies certificates must be brought to save time.

- The rabid dog that bit a Tongaat schoolboy, Nelane Naidoo, who later died, is still on the loose, and residents have been warned to be on the alert.

Anyone seeing the dog is asked to contact the local police.

/9274

Army Worms March Through Midrand 54000070 *Johannesburg THE STAR in English* 25 Jan 88 p 7

[Article by Sally Sealey]

[Text] Army worms are on the march in Midrand—a sight normally reserved for the Free State and central Africa.

The worms, which usually make an appearance every four to six years in the Free State and Natal, have, according to pest experts, been blown off course.

"They might not be big but they seem to grow overnight," said Mrs R. Rogerson of Vorna Park, Midrand.

She said she first noticed hundreds of swallows swooping through the air and a strange hum in the air.

"The next morning the top section of our lawn was covered with horrible little worms.

"Our pool was full of bloated blackish-brownish ones; they materialised out of nowhere."

Mrs Rogerson said she had phoned a pest control company, which said she was witnessing a classic case of army worms on the march.

"Nothing a little worm poison can't cure," they told her.

Senior research officer at the Department of Agriculture, Dr H. Grouse, said: "Army worms often occur in the Transvaal, but the outbreaks are never serious."

However, farmers in the eastern half of the country have been warned to prepare for an army worm invasion.

The African army worm breeds in central east Africa and when weather conditions are favourable the adult moths are blown southwards.

/9274

TANZANIA

Spread of Cassava Mealy Bug Causes Quarantine
54000048b Dar es Salaam TANZANIA DAILY NEWS in English 21 Jan 88 p 1

[Article by Pudenciana Temba: "Cassava Mealy Bug Disease; Five Regions Quarantined"]

[Text] The five regions affected by the cassava mealy bug have been placed under quarantine and none of the food crop will be allowed out of the regions, the Assistant Commissioner for Plant Protection in the Ministry of Agriculture and Livestock Development, Ndugu Albert Mushi, announced in Dar es Salaam yesterday.

He said the Ministry was organising a seminar for all district agriculture development officers to be held in the city next month to chart out a strategy to fight the disease.

The district officers would proceed to their respective areas after the seminar to identify cassava farms affected by the disease and those found to be extensively damaged would be destroyed by fire, he said.

Ndugu Mushi said partially destroyed farms would be treated by a mixture of cypermethrin and phenthoate, a pesticide which had effectively been tested in Mbinga District, Ruvuma Region.

The cassava disease has so far affected Dar es Salaam, Coast, Ruvuma, Kigonra and Rukwa regions. The Assistant Commissioner said experts were researching on better pesticides to be applied against the bug.

He said participants at the proposed seminar would use the Prisons cassava farm at Boko in the outskirts of Dar es Salaam for demonstrations. The 75-hectare farm, which used to produce up to 700 tonnes of cassava, has been completely destroyed by the mealy bug.

Unlike other pests, the bug has a sucking mouth which it uses to absorb nutrients from the cassava plant, injecting poisonous fluid which dries the stem.

Ndugu Mushi said the pest was first seen in Latin America in 1980. It spread to West Africa and later to Zaire, Mozambique and Zambia.

The Prime Minister and First Vice-President, Ndugu Joseph Warioba, has directed regional authorities to take immediate measures to contain the disease.

Meanwhile, the mealy bug has also been spotted in Zanzibar and the Isles Ministry of Agriculture and Livestock Development has banned transportation of cassava from Zanzibar.

The Ministry's plant diseases expert, Ndugu Mohamed Nassoro Marshed, told newsmen in Zanzibar yesterday that the bug had been spotted at Kombeni Village, West District, SHIHATA reported.

He would not say whether the spotted bug had already caused the spread of the disease, but added that all movement of cassava seedlings, leaves and roots from Zanzibar to Pemba had been banned.

The Ministry has strongly advised farmers and the public to strictly observe the quarantine regulations and warned defaulters that stern legal action would be taken against them.

/06662

ZAMBIA

Syphilis Record With 8,000 Reported Cases in 1987
54002436 Godthaab GRONLANDSPOSTEN in Danish 22 Dec 87 p 3

[Text] Greenland is setting a record for syphilis this year, while gonorrhea is declining. Greenland is ending 1987 with nearly 8,000 cases of syphilis, and this is the largest figure ever registered. In contrast, the number of gonorrhea cases has declined.

Surgeon General Jens Misfledt confirmed to GRONLANDSPOSTEN that the number of syphilis cases in 1987 is the greatest ever. The previous record was set in 1977, with around 700 cases.

In 1986, around 7,500 cases of gonorrhea were registered, but this has dropped to around 6,000 cases in 1987.

"This indicates an encouraging development, in that people are becoming more aware of what they subject their bodies to," said the Surgeon General.

AIDS

Two additional cases of AIDS have been confirmed, so that there are now seven registered patients in all.

"We have now confirmed that the contagion is occurring in Greenland," said the worried Surgeon General. "The earlier cases had been the result of being infected outside

of Greenland, but the two new cases were found among those who had been sexual partners with some of the already known infected persons."

/06662

Cattle Dipping Made Compulsory

54000047 Lusaka ZAMBIA DAILY MAIL in English
1 Jan 88 p 3

[Text] Government has made cattle dipping compulsory to control animal diseases such as corridor and east coast fever.

To this effect the Department of Veterinary and Tsetse Control has been directed to take charge of tick control from district councils.

The compulsory dipping of cattle will affect Southern, Eastern, Central, Lusaka and Northern Provinces which have been affected by corridor and east coast fever.

According to a report at a provincial council meeting in Livingstone, the Veterinary Department is to take over all dip tanks that were given to district councils.

District councils have also been directed to hand over to the department the remainder of the K2m dipping chemicals they were given.

The councils have also been ordered to hand over to the Veterinary Department money they realised from cattle dipping.

The report signed by acting permanent secretary in the Ministry of Agriculture and Water Development, M.Y. Mufwaya, says government had taken these steps to develop a strong and health livestock sector.

/09599

AIDS Antibody Positive Test Results Surveyed

National Testing Report

54200017 Toronto *THE GLOBE AND MAIL* in
English 11 Jan 88 pp A1, A2

[Article by Adrew Nikiforuk and Doreen Docherty]

[Text] More than 10,000 Canadians have tested positive for the antibody to the AIDS virus, a cross-country survey of provincial laboratories has found.

Medical research indicates that 50 to 75 per cent of those people will be sick, dying or death within five to seven years. Many experts predict that there might be a 100 per cent mortality rate for people infected with the human immunodeficiency virus.

Since 1982, when AIDS became a disease of record in Canada, more than 1,300 Canadians have contracted the disease and half of them have died.

Given the long incubation of the disease, the number of AIDS cases is a snapshot showing where the epidemic was five or 10 years ago. The number of HIV-positive individuals indicates where it is now.

Individuals who test HIV positive are carriers of the infection and can spread the disease by having sexual intercourse, giving blood, sharing hypodermic needles or bearing children.

The survey done by *THE GLOBE AND MAIL* found that at least 10,170 people have tested HIV positive since testing became available in November 1985.

The breakdown by province was: Quebec, about 4,000; Ontario 3,454; British Columbia 1,762; Alberta 488; Manitoba 130; Nova Scotia 125; Saskatchewan 86; New Brunswick 71; Newfoundland 46; Prince Edward Island 5; Yukon 3, and Northwest Territories unknown.

(Quebec does not know how many of its 4,000 to 4,500 cases represent duplicate testing, and the Northwest Territories, where the rate of venereal diseases is four to five times higher than the national average, has no record of HIV positive at all. More than 150,000 Canadians have volunteered for testing.)

The number of HIV positives has not been made public before because the Federal Centre for AIDS does not collect that data (it only publishes the number of AIDS cases) and four provinces—British Columbia, Alberta, Quebec and Saskatchewan—do not consider HIV positivity a "notifiable disease," meaning that doctors do not have to report cases to public authorities.

"You don't gain anything by making it notifiable. You scare people away," said Barbara Romanowski, Alberta's director of sexually transmitted diseases.

But many health officials say all the aggregated data on AIDS should be made public so that a more complete picture of the epidemic is known. Without such information, governments can not adequately marshal prevention and education efforts, allocate funds or chart the future course of the epidemic, they say.

"As we see changes in trends, people should know them," said Dave MacLean of Nova Scotia's Atlantic Health Unit. "People want to know how many are out there. It's publicly collected data with public funds and should be made available."

Commenting on Ontario's figures, provincial epidemiologist Evelyn Wallace said: "We appear to have an increasing problem. I can't be more specific."

The survey found that there is no uniformity among provinces in reporting HIV cases. Quebec and British Columbia do not break down the number of infected individuals into male and female categories, but Ontario does. Most provinces, including Manitoba, New Brunswick and Quebec, do not report to Ottawa the number of HIV cases.

Tracey Tremayne-Lloyd, a Toronto lawyer who headed a legal committee on AIDS, finds the situation unacceptable. "No right-thinking person would believe that you can stop the spread of this disease in a society as mobile as Canada unless every single province handles it the same way... What's more important than the lives of Canadians?"

Mr Tremayne-Lloyd, who advocates a uniform national public health code on communicable diseases, especially AIDS, said: "The numbers are really scary and really serious. We can't bury our heads in the sand."

But Greg Smith, executive director of the Federal Centre for AIDS, said the number of HIV-positive tests is not published because the provinces are not required to do so and because it is a "pretty meaningless number. It's a count of seropositive tests, not the number of seropositive people."

Estimates on the number of HIV-positive individuals in Canada range from 50,000 to 75,000.

However, Mr Smith agreed that the issue of getting uniform data on the number of HIV cases is important and is under discussion.

Most health officials in the country agree that their count of HIV positives is extremely conservative, for a variety of reasons:

- In four provinces, physicians are not required by law to report HIV infections.

- People who engage in high-risk activities often avoid testing.

— In some cities, people are illegally tested at unlicensed labs where no records are kept.

— As a general rule, venereal diseases go under-reported by as much as 10 per cent.

THE GLOBE's survey confirmed that the disease has spread into the general population after being concentrated among homosexuals, intravenous drug abusers and hemophiliacs.

In Metro Toronto, for example, the number of infected women jumped from 66 to 76 in Toronto in the last two months of 1987.

British Columbia Results

54200017 Vancouver THE SUN in English 7 Jan 88 p A12

[Text] Victoria—More than 1,700 people in B.C. have tested positive for the AIDS antibody in 25 months of testing, the B.C. Centre for Disease Control says.

A total of 36,551 tests were done. Of those testing positive, 1,453 were homosexual or bisexual, 51 heterosexual, 31 were hemophiliacs, 30 were recipients of multiple blood transfusions, 11 were intravenous drug users and two were prostitutes. The remaining 184 did not specify their risk categories.

Health Minister Peter Dueck said Wednesday those testing positive should not be confused with those who have acquired immune deficiency syndrome.

Since the first case was reported in January 1983, there have been 304 AIDS cases in B.C. Although the number of cases increased last year, the rate of new cases was slower than projected. As a result, said Dueck, the estimate of infected people in the province has been reduced to between 8,000 and 10,000.

"This is obviously good news since last year it was estimated that B.C. had 10,000 to 20,000 carriers," the minister said.

07310

Number of AIDS Cases Reported to Total 1,464

54200016 Windsor THE WINDSOR STAR in English 31 Dec 87 p A5

[Article by Richard Brennan]

[Text] Windsor and Essex County will end the year with four fewer AIDS cases than last year, a spokesman for the Windsor-Essex County Health Unit said Wednesday.

Five cases of acquired immune deficiency syndrome were reported to the health unit this year, compared to nine in 1986. Of the 24 area people reported with AIDS since 1982 when the health unit started keeping records, 17 have died—two of them this year.

As of Tuesday, there have been 1,464 AIDS victims reported in Canada, only 702 of whom are still alive. Of the 1,367 adult males, 702 have died. Adult females accounted for 71 cases, 41 of whom have died. Boys and girls were evenly split at 13 cases each. Ten boys have died and nine girls.

The risk groups include homosexual males, intravenous drug users who share needles, and hemophiliacs who received a transfusion before anti-body screening began two years ago. AIDS, which destroys a person's immune system, can also be transferred from an infected expectant mother to her unborn child.

In Essex County, 38 people tested positive this year, meaning they have come into contact with the AIDS virus, but don't have the disease. That compares to 37 last year and 20 in 1985.

But health unit supervisor Sandra Kellerman cautioned that this year's positive test figures may not truly reflect the situation.

"It is my understanding that there are a number of people (from Windsor and Essex County) who are going to London, Toronto, to Detroit for their testing," she said. "And, especially since the strike has been on, the reality is we are not doing testing here, so they are going somewhere."

Local 33 of the Ontario Nurses' Association has been on strike at the health unit since Nov 27 and as a result the unit has curtailed its services.

Despite the lower number of reported AIDS cases, it is not a time to get complacent about "safer sex," Kellerman said.

"There is still a need for people to be aware of who their sexual partners are and to practise safer sex. We can't stress that strongly enough, because you just don't know," she said.

/9274

Statistics Given on 1986 Death Causes by Category

54200018 Windsor THE WINDSOR STAR in English 14 Jan 88 p A10

[Article by Robin Ludlow]

[Text] Ottawa—Cardio-vascular disease remains the No 1 killer of Canadians, Statistics Canada reported Wednesday.

Heart and blood vessel disease claimed 79,259 lives, or almost half of the 184,224 people who died in 1986.

Cancer retained second place, claiming 47,448 lives in 1986, about a quarter of the total.

Respiratory disease placed a distant third at almost 15,000 deaths followed closely by accidents "and other adverse effects" at 13,741 deaths.

Though it is still the leading cause of death in sheer numbers, the rate of cardio-vascular disease in the population has been steadily declining since the 1960s.

Experts speculate this is a result of improved treatment and more awareness about smoking, high blood pressure, cholesterol and obesity.

On the other hand, cancer rates have been increasing steadily, for men since the 1950s and for women in the past decade.

If current trends continue, cancer could replace cardio-vascular disease as the big killer by the turn of the century.

Lung cancer continues to be the largest single cancer killer in men, accounting for one in three cancer deaths.

Breast cancer claims one in five female cancer patients but lung cancer rates have been skyrocketing for women, threatening to surpass breast cancer as the main cancer killer.

In 1985, respiratory diseases—obstructive lung disease, pneumonia and the flu—replaced accidents as the third leading cause of death.

Health experts say deaths cause by cardio-vascular and respiratory disease and cancer can be reduced through not smoking, exercising regularly, reducing stress and following a diet low in animal fats and high in fresh fruits and vegetables.

There is some distinctly good news in the new statistics: life expectancy has continued to increase.

Reduced speed limits, mandatory seat belt use and tough drunk driving campaigns are believed to be responsible for the reduction in risk.

AIDS Project Using Gene Therapy, Ontario Funding Examined

Gene Therapy Project

54200023 Toronto *THE GLOBE AND MAIL* in English 25 Jan 88 p B8

[Article by Lawrence Surtees: "Gene Therapy Will Be Tried in the Battle Against AIDS"]

[Text] Molecular biologists at Allelix Inc. and Mount Sinai Hospital have teamed up in a three-year project aimed at using gene therapy to fight the AIDS virus.

Although gene therapy is still in the experimental stage, the Toronto-based scientists hope they can use the new technique to make the immune system cells of an AIDS victim resistant to the virus.

Unlike other efforts to develop drugs or vaccines to fight acquired immune deficiency syndrome by attacking the AIDS virus itself, gene therapy is aimed at altering the disease-fighting cell crippled by the virus, said Wayne Davies, scientific vice-president of Allelix Bio-chemicals, a unit of the genetic engineering company, which is based in Mississauga, Ont.

Allelix's team is collaborating with a group led by Dr. Alan Bernstein, head of the molecular and developmental biology division of the Mount Sinai Research Institute of Toronto. The project, which involves laboratory testing only, is being financed by a \$240,000 grant from the Medical Research Council.

Dr. Bernstein stresses that numerous obstacles remain before any human testing can begin. But if the hurdles are cleared, he said, trials on humans could begin in about three years.

"AIDS is not just a disease of the immune system; it is also a genetic disease caused by a genetic defect in an immune system cell transmitted by the AIDS virus," Dr. Bernstein said.

AIDS attacks a particular type of disease-fighting white blood cell, called the T-4 lymphocyte. In addition to converting the T-4 cell into a virus-producing factory, the AIDS virus renders these crucial cells ineffective by changing their genetic structure.

Like all cells in the body's immune system, the T-4 cell is a descendant of the master immune system cell, called a stem cell, found in the bone marrow. And scientists have found that the AIDS virus does not attack the stem cell.

"If we could put a gene that shuts off the AIDS virus into the stem cell, then we think we could give a patient the ability to make disease-resistant, or pure, T-4 cells," Dr. Bernstein said. That would not only cause the AIDS virus to die but could also restore a patients' immune system.

That is the goal of gene therapy, a technique that marries genetic engineering with bone marrow transplantation. And that is why the Allelix and Mount Sinai teams have joined forces.

Although relatively unproven in humans, the technique has been used on mice to successfully "infect" cells with man-made genes that cripple the disease-causing virus.

Viruses consist of a sheath surrounding a primitive form of genetic material called ribonucleic acid, or RNA. In order to reproduce, a virus must use the more complex genes found in the DNA (or deoxyribonucleic acid) of higher life forms.

The goal of the Allelix researchers is to make a synthetic messenger gene for the T-4 cell that will cripple the genetic machinery of the AIDS virus.

"We already know the genetic structure of the AIDS virus and we know the structure of various constructs we want to make that can interfere with the virus' ability to reproduce," Dr. Davies said.

That man-made DNA strand will be inserted into a stem cell taken from the bone marrow of an infected animal. Because the cell will be placed back into the animal or person it was taken from, tissue rejection should not occur, Dr. Bernstein said.

In theory, the recombinant stem cell should then begin producing healthy T-4 cells that are resistant to the AIDS virus.

Although Dr. Davies and Dr. Bernstein are optimistic that they can develop such a cell line, there are many hurdles.

"First, stem cells are extremely rare and we don't know if the gene will work inside it," Dr. Bernstein said. Then the gene must survive through several generations of cell lines and must have the intended effect.

"And we must be able to make the leap from developing a mouse system to one that works in humans," Dr. Bernstein said. Even if they get to clinical testing, medical researchers will also have to deal with the neurological effects of AIDS.

Other attempts at taking gene therapy from the laboratory bench to human trials have been baffling failures.

"The thing that excites me is that there's a finite chance of success.

Ontario Hospital Funding

Toronto *THE GLOBE AND MAIL* in English
27 Jan 88 p A10

[Article by Joan Breckenridge: "Ontario Adding \$1 Million in AIDS War"]

[Text] Ontario Health Minister Elinor Caplan will announce almost \$1 million in additional AIDS financing to several Toronto hospitals, *THE GLOBE AND MAIL* has learned.

The minister is expected to make the announcement this morning at the First Canadian AIDS Research Conference being held at the Skyline Toronto Airport Hotel.

It comes on the heels of a news conference in Toronto yesterday where AIDS activists and physicians criticized Mrs. Caplan for not providing more money to hospitals caring for people with acquired immune deficiency syndrome.

The AIDS clinic at Toronto General Hospital, which stopped taking new patients last October because of lack of staff and funds, will start to receive \$344,800 annually from the ministry.

The hospital will also get a \$156,700 one-time capital grant to purchase materials or equipment relating to their work with people with AIDS.

St. Michael's Hospital is being given an additional \$140,000 annually for its work with AIDS patients and a \$85,000 capital grant to purchase a FACScan analyzer.

This piece of equipment conducts T-4 cell counts on people infected with AIDS. The AIDS virus attacks and destroyed the T-4 cells of the immune system.

The Hospital for Sick Children will start to receive an additional \$74,000 each year along with a one-time \$120,000 capital grant for AIDS laboratory equipment.

Sunnybrook Hospital is scheduled to receive \$78,500 more annually for its work with people with AIDS.

It is not known how much money these hospitals are currently allocating for the care of people with AIDS. Each hospital has been taking funds out of its total operating budget and putting it toward people with AIDS.

The ministry is also planning to relocate personnel to Toronto's central testing laboratory because of the steadily increasing demand for the AIDS antibody test.

At yesterday's news conference, Mrs. Caplan was also criticized for not helping health care professionals coordinate the delivery of services by community and hospital workers to people with AIDS.

"We want her to sponsor a consensus meeting of health care professionals to help us devise a coordinated strategy," said Michael Lynch, a spokesman for the newly formed lobby group AIDS Action Now.

Mrs. Caplan, who was ill at home, could not be reached for comment.

Federal Health and Welfare Minister Jake Epp also came under fire. AIDS activists said he is contributing to the premature death of people with AIDS by blocking their access to experimental drug treatments.

"His blockage of drug trials here amounts to a punitive act against those Canadians who cannot leave the country for treatment," said Mr. Lynch, an associate professor of English at the University of Toronto.

Mr. Epp, who is attending an international AIDS conference of health ministers in London, could not be reached for comment.

Greg Smith, executive director of the Federal Centre for AIDS, said "It's nonsense to suggest he (Mr. Epp) has blocked any trials."

This year there is \$7-million in AIDS research money available for any company that wants to engage in clinical trials or other research. To date, no proposals have been received, he said.

The only federally sponsored clinical trials currently taking place in Canada are for zidovudine, which is popularly known as AZT. People with AIDS who want to try other experimental drugs go to the United States to buy them.

The most popular one at the moment is pentamidine. Preliminary research indicates the drug combats pneumocystis carinii pneumonia in some people when inhaled as an aerosol. It is also less toxic in aerosol form.

Canada has not officially approved pentamidine for use as an aerosol. It can only be obtained by a physician for a patient under an emergency drug law for use by intravenous injection.

Michael Davis, director of clinical trials for the Federal Center for AIDS, said "I anticipate some trials (of pentamidine) will be under way by the end of March.

"Three companies have shown an interest in doing clinical trials in Canada," he said. All are Canadian subsidiaries of multinationals.

Although not all people with AIDS would be included in the trials, it would be given to a large number of them. Some would receive the drug before contracting PCP, others after a bout to delay a recurrence and others as a treatment for the infection.

/06662

Cancer Incidence, Ontario Fund-raising Groups Discussed

54200022 Toronto *THE GLOBE AND MAIL* in English 26 Jan 88 p A12

[Text] An estimated 300,000 Canadians have cancer, including about 95,000 cases diagnosed this year, the Canadian Cancer Society says.

Three Ontario cancer groups are joining forces to raise \$50-million over the next three years in the continuing battle against the disease.

The Ontario Cancer Institute/Princess Margaret Hospital, the Ontario Cancer Treatment and Research Foundation and the Ontario division of the Canadian Cancer Society have "joined together to raise the \$50-million that is needed to rejuvenate Ontario's cancer-care system," Robin Miller, the coordinator for the Ontario Cancer Care Fund, said in an interview.

Laurentian Hospital in Sudbury will get a newly built cancer-treatment centre, while Princess Margaret Hospital in Toronto and facilities in Hamilton and London will be rebuilt.

With the Ontario Cancer Care Fund, the groups also hope to buy about 16 new radiotherapy machines. Ms Miller said Princess Margaret alone has nine, but needs 16 "to function with the amount of new cancer patients expected."

She said the number of cancer patients is expected to double in the next decade.

The full cost is projected to be \$269.5-million. The province has pledged \$219.5-million. The fund hopes to make up the difference.

The Ontario Cancer Treatment and Research Foundation runs seven centres across the province.

/06662

Farm Study Shows Birth Defect Rate Above Normal

54200019 Toronto *THE GLOBE AND MAIL* in English 23 Jan 88 p A16

[Article by Craig McInnes]

[Text] Women living in an agricultural region of New Brunswick have a higher than normal rate of stillbirths and children with birth defects, a study of the effects of agricultural chemicals has found.

The same study found no significant relationship between chemical spraying for spruce budworm in the province and birth defects.

The agricultural portion of the study looked at births in the Saint John River Basin. It found there was a small but significant increase in the risk of stillbirths among women who lived in the region.

Although the increased risk is not large, it points to the need for more study of the effect of agricultural chemicals in the environment, says Dr Franklin White, one of the study's authors and president of the Canadian Public Health Association.

"It's not a major elevation of risk, but it's viewed as being statistically significant and perhaps suggests the need for greater caution, particularly during that period of time for women who are pregnant and who are living in those kind of communities," Dr White said in an interview yesterday.

The study, which was published in the current edition of the Canadian Medical Association Journal, doesn't prove the controversial practice of chemical spraying to eradicate spruce budworm is completely safe, even though the study was based on good data, Dr White said. "That is something that cannot strictly be addressed in a scientific way," he said. "Nothing is ever possible to demonstrate as absolutely safe.

"What it does say is that we looked at it very comprehensively—as well as could possibly be done—and we did not find any evidence of ill health related to it in the area of human reproduction, that being the scope of our study," Dr White said.

The study of agricultural chemicals was unable to pinpoint which particular substances might be responsible for the increased risk of stillbirths and birth defects.

But it did cite Australian research which linked nitrate contamination of groundwater to an increase in a particular type or birth defect.

07310

Presence of Parasitic Worms in East Coast Fish Climbing

54200021 Ottawa THE OTTAWA CITIZEN in English
2 Jan 88 pp A1, A2

[Article by Dennis Foley and Anne McIlroy]

[Excerpts] Canada's \$3.9-billion fishing industry, reeling from tainted tuna and toxic mussels, is facing a new problem.

The presence of parasitic worms in the flesh of East Coast fish is climbing noticeably. Experts say the increase may be due to the booming populations of seals that carry the parasite.

Once found only in cod and salmon, the round worms are now showing up in sole, herring, red snapper, haddock and other species, say scientists and operators of local fish markets.

The federal health department says the worms are not a health hazard. Only in extremely rare cases are they passed on to humans where they settle in the stomach and have to be removed surgically.

Officials at Fisheries and Oceans Canada steadfastly maintain there are no data suggesting either an upswing or that new fish stocks have become infected.

"The notion there is an increase in fish worms is a reflection of the fact there is an increased awareness of fish parasites," Peter Meyboom, the department's deputy minister, said during an interview this week.

But departmental experts and officials at Health and Welfare have been scrambling since mid-summer to counter expected public resistance to fish once the extent of the worm problem became known.

They fear a repeat of what happened in West Germany, where fish consumption dropped 50-to-80 per cent following a public affairs television program in July about widespread worm infestation in North Sea fish.

And a research scientist with a Halifax branch of the department says there has been a significant increase in the number of worm-infested fish over the past seven years.

Gary McClelland has been sampling fish for the parasite across the Atlantic seaboard.

In one area, off Sable island, every cod in the sample has worms, compared to 15 to 20 per cent in 1955. Fish in waters south of Newfoundland, in the Gulf of St Lawrence, east of Cape Breton and east of mainland Nova Scotia also showed significant increase, said McClelland.

In another sample taken in New Brunswick, 86 per cent of the fish were infested with worms, compared with 25 per cent in 1980, said McClelland.

"Based on what we've seen so far, worms are now numerous enough to be a problem in some species where there hasn't been a problem in the past."

Health officials agree the presence of worms in fish is not a health hazard. Cooking fish well or freezing it kills the parasite.

Dr Joseph Losos, Health and Welfare assistant director general of the centre for disease control, said there has only been one reported case in Canada of a human becoming infected with round worms. This occurred in Vancouver two years ago, he said.

07310

Atlantic Mollusk Harvesting Ban Lifted in Some Areas

7 January Report

54200020 Toronto *THE GLOBE AND MAIL* in English 7 Jan 88 pp A1, A4

[Article by Graham Fraser]

[Excerpt] The federal Government has begun reopening the Atlantic coast mollusk industry, which was closed down on December 11 after a toxin poisoned 129 Canadians.

"Consumers can be confident that mussels, clams, oysters and quahogs have been subjected to the most rigorous testing program of its kind in the world." Louis Tousignant, senior assistant deputy minister of Fisheries and Oceans, told reporters yesterday.

Dr A.J. Liston of Health and Welfare Canada, co-chairman of the joint Health and Welfare and Fisheries and Oceans Operations Centre, said that a new test had been developed and a new monitoring system put in place to ensure that both paralytic shellfish poisoning and demoic acid toxin can be identified quickly.

In addition to increased monitoring, products will be tagged and dated so that consumers can be sure that mussels, clams, oysters and quahogs have been taken from approved areas.

It will be several days before the newly tagged and dated products make their way to stores, depending on how quickly orders are placed and deliveries begin.

Mr Tousignant said that in areas now open for harvesting, sampling and testing have been completed, but the process has not been finished in some other areas. "This was an enormous undertaking which is 80 per cent complete."

He said the joint Health and Welfare and Fisheries and Oceans Operations Centre managed in three weeks to mobilize a sampling and testing operation that would have taken a year to put together under normal circumstances.

The areas that have been opened include all of the previously approved areas of Newfoundland, Quebec's Magdalen Islands, and the area of the Bay of Fundy from the Nova Scotia border to Saint John. In Nova Scotia, the offshore clam fishery has been reopened from the New Brunswick border to Cape North on Cape Breton Island, the Atlantic coast from Cape North to Cape St Mary, and from Scots Bay in the Bay of Fundy to the New Brunswick border.

However, Prince Edward Island, the eastern and northern coasts of New Brunswick, the Gaspé Peninsula and Lower North Shore of the St Lawrence in Quebec and part of the north shore of Nova Scotia along the Bay of Fundy remain closed.

In the case of Prince Edward Island and the Caraquet region of New Brunswick, Mr Tousignant said that tests still showed the existence of toxins, and very close monitoring will continue. However, he took pains to add that some of the areas had not been opened because the sampling and testing had not been completed. He said this was because of time constraints and test difficulties caused by the weather.

"You should not think that because we are not declaring an area open there is a new toxin," he said.

"Do not infer that we are not reopening the remainder of the Bay of Fundy because of toxin. It is a matter, literally, of hours before the process will be complete."

The mollusk problem emerged at the end of November, when a number of people became ill after eating mussels.

On December 1, after PEI mussels were identified as a source of the poison, Health and Welfare Minister Jake Epp announced a health alert.

Ten days later, on December 11, the federal Government announced a health alert for all mussels, clams, oysters and quahogs in Atlantic Canada, after a toxin was isolated in mollusks from both Prince Edward Island and New Brunswick.

As a result of the mussel poisoning, 129 people became ill and two of them died. A third person also died after eating mussels, but doctors disagree over whether they were the direct cause of death.

Dr Liston said that 11 people are still in the hospital, and three are in intensive care.

The health alert was extended to include mollusks from the whole Atlantic coast to ensure that no toxic specimens were mixed inadvertently with other mollusks.

Shortly thereafter a search conducted by the National Research Council found the poison to be demoic acid, a natural toxin produced by a rare chondria seaweed.

13 January Report

54200020 Windsor *THE WINDSOR STAR* in English 13 Jan 88 p A6

[Excerpt] Ottawa (CP)—A federal government ban on harvesting five varieties of Atlantic shellfish was lifted Tuesday in some parts of Prince Edward Island and additional parts of New Brunswick and Nova Scotia.

"Most of the winter commercial sites have been opened now," said Rheal Boucher, a spokesman for the Department of Fisheries and Oceans in Moncton, N.B.

The federal government shut down the harvesting of mussels, clams, oysters, cockles and large clams called quahogs throughout Atlantic Canada on December 11 because toxic substances had turned up in some samples of shellfish.

More than 100 people got sick after eating contaminated mussels from Prince Edward Island. At least two of them died and others have been in the hospital for weeks.

Some areas of the region were declared safe for harvesting last week following extensive testing. Other areas have not yet been fully tested and a few areas still have harmful levels of toxins.

The P.E.I. coastline between Victoria and East Point remains closed, partly because a toxin called domoic acid has been found in some samples and partly because some areas have not yet been tested fully.

The New Brunswick coast on the Gulf of St Lawrence north of Escuminac Point is closed as well. An unidentified toxin has been found in oysters from Caraquet Bay and other nearby portions of the coast have not been tested fully.

On the Bay of Fundy, large portions of the New Brunswick and Nova Scotia coastlines remain closed. But many of the specific areas where clams are harvested have been reopened.

"Many of the main areas are open, but not all," said Joe Gough, a Fisheries Department spokesman in Halifax.

Throughout the three provinces, there are areas not yet open and others where harvesting of shellfish has traditionally been forbidden for reasons such as chronic pollution.

The north shore of the St Lawrence in Quebec remains closed because testing has not been completed. But that area does not have a winter fishery for shellfish.

Because of the illnesses caused by contaminated mussels, the Fisheries Department has started weekly tests of shellfish shipments to ensure they are safe. Shippers have to tag their products to indicate when and where they were caught.

Ottawa has offered to contribute up to \$1.1 million to a campaign to restore consumer confidence in sea products if provincial governments and the industry will match the funds. But the federal government has no plans to compensate fishermen for any losses they suffered.

07310

Status of AIDS Prevention, Research in China
54004801b Beijing RENMIN RIBAO [OVERSEAS
EDITION] in Chinese 20 Jan 88 p 2

[Article by Liu Xiaolin [0491 2556 2651] and Li Jianxin [2621 1696 2450]: "AIDS Research in China — An Interview With Zeng Yi [2582 3015,] Deputy Director, Chinese Academy of Preventive Medicine"]

[Excerpts] AIDS, which has been termed the "20th century plague," has created the same fear as a hurricane that has been unprecedented in all countries of the world ever since the first case of this serious and deadly disease was discovered in the United States in 1981.

The World Health Organization, the governments of all countries, and experts and scholars have repeatedly called for a large scale investment of manpower and material resources in research. So what is the situation in China today with regard to AIDS prevention and research?

Efforts To Make a Survey of AIDS

China's AIDS research began in 1985. During a period of 3 years, researchers have examined nearly 10,000 blood specimens, and have checked 11 persons who tested positive for AIDS virus antibodies (or HIV, for short) as well as three AIDS patients. In October 1987, they succeeded in isolating the AIDS virus. Before the arrival of the new year, we interviewed Professor Zeng Yi, who is China's expert on AIDS virus research, the deputy director of the Chinese Academy of Preventive Medicine, and member of the World Health Organization expert advisory unit on tissue and tumors.

"The successful isolation of the HIV is of extremely great significance for AIDS diagnosis and prevention." In his office, the 58 year old Zeng Yi spoke with fervor and assurance. "During the past several years, we have examined blood samples from key groups of people including hemophiliacs, the sexually promiscuous, and others suspected of infection that have proven that AIDS has been brought into our country."

In order to find out the routes by which AIDS gets into China, Zeng Yi and his colleagues have not only conducted a general survey of all key groups of people, but have also used enzyme linked immunosorbent assay [ELISA] in a search for HIV antibodies in the blood serum of 18 hemophiliacs in Zhejiang Province who received shots of factor VIII imported from the United States, finding four that tested positive. As a result, the Chinese government has ordered a ban on the importation of foreign blood products.

The topic returned to the process by which HIV was isolated. Professor Zeng said that the importation of diagnostic reagents from foreign countries is expensive. A single test costs more than 100 yuan renminbi. This has already become a serious obstacle in testing for

AIDS. Therefore, the use of HIV that we have isolated ourselves to manufacture diagnostic reagents has become a matter of pressing importance.

In July 1987, blood from a proven AIDS patient whose blood had been tested using the immunofluorescence method, the protein imprint method, and the gelatin granule agglutination method was inoculated into an MT-4 cell of extremely high sensitivity to HIV, which was cultured, and the AIDS victims HIV antibody-positive blood was then regularly tested for the presence of HIV antibodies. Finally, on the 14th day, more than 90 percent of the cells showed the presence of HIV antigens, thereby providing our own virus strain for AIDS diagnosis and prevention in China. The diagnostic reagents that have been made from the virus that they isolated has already been used clinically, and the cost for testing a single person is only 2 yuan renminbi. This sets the stage for large scale testing.

Professor Zeng Yi's Worries

Professor Zeng briefed us on events at the Geneva conference on the "special topic of AIDS." Mr. Mahler, the director general of the World Health Organization, was very attentive to China's AIDS research work. (A large scale investigation shows no sources of AIDS in China at the present time, the three cases that occurred having been among foreigners or overseas Chinese returning to China). Mr. Mahler said, "If China can just maintain the present situation, that will be a very great accomplishment."

AIDS Can Be Prevented

Since AIDS is transmitted unknowingly, it easily stirs panic in the public and many people are embarrassed to talk about the disease.

At this point, Professor Zeng laughed. "AIDS may be frightening, but it is completely preventable. The main way AIDS is spread is through sexual relations and blood, or blood products, and well as through the exchange of syringes infected with HIV. A mother infected with the virus may also transmit it to her unborn child. In China, promiscuous sex, homosexuality, and prostitution are all disapproved both by law and by traditional morality, and this plays an active role in preventing the spread of AIDS. Nevertheless, it has to be realized that as China continues to carry out a policy of opening to the outside world, AIDS will continue to be brought in. Sexual promiscuity is the most dangerous way of bringing AIDS into China. Effective action must be taken in this regard such as resolutely attacking prostitution, and doing more testing for HIV antibodies. Many countries have already begun routine screening of blood for HIV antibodies, and China should start to do this step by step. Some people in foreign countries are studying the use of Chinese medicine and Chinese herbs in the treatment of AIDS, so China should make even greater use of its own advantage in this field.

Professor Zeng emphasized that the key to prevention of AIDS lies in increased publicity to raise the consciousness of the entire populace to resist AIDS. Recently the Beijing Educational Films Studio began to shoot an educational film about AIDS; some hospitals have begun to use disposable syringes; and numerous publications

have carried articles about AIDS. All these things will doubtlessly play a positive role in preventing the spread of AIDS in China.

9432

HONG KONG

Government Imposes Blood Screening for AIDS

54400060 Hong Kong *SOUTH CHINA MORNING POST* in English 21 Jan 88 p 5

[Text] No imported blood products could be legally sold in Hongkong unless they had been checked for AIDS contamination, Health and Welfare Secretary Mr John Chambers said.

He said all blood and blood products were screened for the disease, which had now infected over 100 people in the territory.

Blood donated to the Red Cross for transfusion was also tested for syphilis and hepatitis B, while imported blood products were screened in the countries in which they were manufactured.

Replying to a question by Dr Chiu Hin-kwong, Mr Chambers said screening tests recommended by the International Society of Blood Transfusion, the League of Red Cross Societies and the World Health Organisation, were routinely used on blood received by the Red Cross Blood Transfusion Service.

Of the 155,000 units of blood collected in 1987, 3.5 per cent revealed the presence of hepatitis B, 0.05 per cent the presence of syphilis and 0.0013 percent the presence of the AIDS antibody, Mr Chambers said.

If infected blood is discovered during screening, the donor is confidentially informed, then offered appropriate medical advice, he said.

07310

Presence of New Strain of Hepatitis Confirmed

54004803a Hong Kong *SOUTH CHINA MORNING POST* in English 10 Feb 88 p 3

[By Mary Ann Benitez]

[Excerpt] Several cases of the potentially deadly non-A, non-B form of hepatitis have been reported in Hong Kong, the Medical and Health Department admitted for the first time yesterday.

Little is known about the strain but it is responsible for the epidemic that has spread through the remote province of Xinjiang in China.

The number of people affected by viral hepatitis in Hong Kong approached the 600 mark yesterday with 41 more cases reported. A total of 592 cases have been notified, of which 188 are confirmed hepatitis A victims, the department said.

4611/12913

JAPAN

Some 394 Billion Lire Allocated for Growing AIDS Problem

35280075 Rome *LA REPUBBLICA* in Italian 18 Dec 87 p 19

[Article entitled: "394 Billion Allocated for Struggle Against AIDS"]

[Text] Rome—AIDS is again causing great concern. As of today there are 1,348 cases: 1,094 men and 254 women. By the end of next year, the total figure could reach 3,000. The number of positive blood tests, which was expected to be around 100,000, is instead double that, and 40 percent, i.e., 80,000, have some symptoms.

The figures were announced today by the National Commission on AIDS. "We must unfortunately verify that in Italy there is no longer an even progression of the disease," said Health Minister Donat-Cattin who presided over the commission. "One [no longer] suspects an even progression of AIDS even though for now it is too early to say so."

The health minister announced a 3-year plan to increase the number of beds in infectious disease wards from the current 5,481 to 6,292. This will require an increase of another 2,500 skilled nurses and doctors dedicated to the cure of diseases. The anticipated expense is 394 billion [lire], of which 144 is already available, another 100 will come from the 1988 financial trust, 50 will be requested with the balancing of the budget, and another 100 will be recovered in the 1989 budget. Minister Donat-Cattin announced that he will ask the prime minister if, with regards to AIDS, it is possible to carry out the same procedures adopted in civil defense [procurements], i.e. arrangements for by-passing calls for tenders.

13209/06662

LAOS

Dengue Fever Outbreak by Area, Government Orders Reported

Sayaboury, Saravane 'Basically' Cured

54004311a Vientiane *PASASON* in Lao 1 Sep 87 p 1

[Excerpt] The dengue fever epidemic in Pak Lay District, Sayaboury Province, and Lao Ngam District, Saravane Province, have basically subsided at this time because of medical treatment and preventive measures taken by medical staff personnel. People of all ethnic groups have fully cooperated in fighting the dengue fever.

During the dengue fever epidemic, medical cadres of these districts concentrated all their efforts to spray pesticides to kill the species of mosquito which are carriers of dengue fever, and to encourage people to clean up their homes and their villages.

Savannakhet Outbreak Being Suppressed

54004311a Vientiane PASASON in Lao 1 Sep 87 p 1

[Text] The dengue fever suppression operation in Savannakhet Province that began in October last year has been largely completed. This is demonstrated by the tremendous decrease in the number of people stricken with the fever.

The mosquito spraying has been completed in the downtown area and in production units, such as Road Construction Company 9, the Huay Sakhouang Irrigation System Construction Company, and part of Phin District. Twenty thousand people who live in the epidemic area have been vaccinated.

At present, the medical cadres of Savannakhet Province are continuing to spray pesticides for mosquitoes in Phin District, Pang Thong District in Sepone Province, and Nong and Samouay Districts. They are also helping to lead the people in these areas in a clean up program.

Army Involved in Suppression Effort

54004311a Vientiane PASASON 28 Jul 87 p 1

[Text] In order to promote good health by suppressing dengue fever, the Disease Control Unit is currently under the responsibility of the Army Staff Division. The unit has gone everywhere to monitor the fight against dengue fever by the various departments under Division E. This effort involves testing the blood of 6,300 people to check for dengue fever carriers among children as well as adults, and dispensing medication for treatment and preventive medicines.

A source stated that in addition to this the Army's Information Unit is simultaneously informing people about the methods for the prevention of dengue fever through hygiene films which makes the dangerous impact of uncleanness very clear, and teaches viewers how to keep healthy and avoid all contagious diseases.

Multi-Pronged Anti Dengue Work Noticed

54004311a Vientiane PASASON in Lao 15 Jul 87 p 1

[Text] Doctors in Chanthaburi District have been performing more revolutionary duties following the dengue fever epidemic in their district.

From June to the present, dengue fever has afflicted children 1 to 15 years old. Chanthaburi District Hospital has taken people in for examinations and treated more than 45 cases daily. From doctors' diagnoses and follow-ups on each of 45 cases, it appears that some patients have common fevers and some have dengue fever.

Depending on the diagnosis of the type of fever, treatment requires a short period of hospitalization. With common fevers or dengue fever, patients are treated and hospitalized until they are fully recovered, then they are sent home.

In addition to medical treatment, in accordance with the instructions from the Public Health Ministry, the district and the district hospital have set up an information center to encourage people in various villages to clean up and wipe out the breeding places of mosquitoes by establishing a committee to accompany 100 medical school students to inspect, assist, and advise their villages about hygiene. Prior to this task, this hospital had two high-level doctors, 15 middle-level doctors, and one elementary-level doctor. They have cooperated fully in all aspects, and went without sleep in order to treat the sick as the number of patients increased. They are going to have more work in the future as they look for new ways to directly eliminate mosquitoes and search for new methods of treatment with the cooperation of many work units.

Vientiane Anti-Dengue Work

54004311a Vientiane PASASON in Lao 11 Jul 87 p 1

[Text] In accordance with the advice of the Ministry of Public Health, last Thursday Vientiane Medical School sent 570 senior students to four districts near Vientiane Capital to join forces with medical personnel in grass-roots areas to carry out the suppression of mosquito-borne diseases, particularly dengue fever, among the local people.

These students are third, fourth, and fifth year medical students who are trained for three days about methods of dengue fever treatment and fever prevention measures. At that time, dengue fever was spreading in all locales in Vientiane Capital.

Anti-dengue fever work is very confusing, time consuming and demanding. Everyone must take responsibility in exterminating the dengue fever-carrying mosquitoes. Medical students have been given the responsibility to work with doctors in the Sisattanak, Saisettha, Chanthaburi, Sikhottabong, and Saisettharat district hospitals in carrying out the suppression work completely and on time. In addition, those students are advising people in various communities on how to solve the dengue fever problem so that they will join in the efforts to exterminate this disease completely and quickly.

Decrease of Dengue Fever in Champhon District, Savannakhet Province

54004311a Vientiane PASASON in Lao 18 Aug 87 p 1

[Text] In August, the Champhone District Public Health Section, Savannakhet Province, sent a number of cadres to suppress the dengue fever epidemic in the Vat and Kootbone Cantons area. At present, the incidence of the disease has decreased to a normal level. Sick people have been treated at a basic level; the major work involved spraying to eradicate mosquitoes, vaccinating, caring for sick people, and also cleaning up polluted areas where thousands of mosquitoes breed.

Outbreaks Said To Decrease

54004311a Vientiane PASASON in Lao 28 Sep 87 p 2

[Text] We have been concentrating all our efforts to promptly control and treat dengue fever. Since August to the present, the spread of the disease has decreased. We are currently following it up closely. Many dozens of dengue fever victims came for treatment at various hospitals during the last part of August until the beginning of September which means that this disease has not yet been completely eradicated.

Based on the situation, the way the disease spreads, and the current weather conditions, dengue fever can still spread again at high levels if we are negligent or do not pay attention to the work of suppressing the disease as announced in Announcement 1502/Vientiane Municipality, dated 2 July 1987.

Attoupeu Epidemic

54004311a Vientiane KHAOSAN PATHET LAO in Lao 9 Sep 87 p A11

[Text] The increase in cases of dengue fever, which is caused by mosquitoes and has spread in some districts in Attoupeu, recently has been basically slowed down.

The provincial public health medical staff went to the grassroots to treat sick people and to spray chemicals to kill mosquitoes. The staff worked hard to advise people to clean up their villages and homes.

In addition, the regular vaccination of children in various rural areas is being carried out against croup, diphtheria, tetanus, polio, measles and tuberculosis. Currently the majority of children in four districts have been vaccinated.

One more bit of good news is that at the beginning of this year the Sansai District public health network was improved. The entire district has 19 public clinics and 29 public health units in a total 47 villages and there is a total staff of more than 70 persons.

Other Savannakhet Districts

54004311a Vientiane KHAOSAN PATHET LAO in Lao 7 Aug 87 p A5

[Text] The anti-dengue fever operation in Savannakhet Province which started last October has been basically completed. It is demonstrated by the tremendous decrease in the number of persons stricken with dengue fever.

The spraying of mosquitoes has been completed in five districts and production units, such as the Route 9 Construction Unit, the Houay Sakhouang Irrigation System Construction Branch, and other areas of Phin District. Twenty thousand persons have been vaccinated against this disease in epidemic areas.

Savannakhet Province medical staff personnel are currently continuing to work in Phin, Pak Thong, Sepone, Nong, and Samouay Districts and to advise people in those areas to clean up the environment in order to completely clean up mosquito-infested areas.

12597/12223

Public Health Warning

54004311c Vientiane VIENTIANE MAI in Lao 28 May 87 pp 1, 4

[Article: "Public Health Section Warning"]

[Excerpts] Subject: Let us fight against dengue fever!

Dengue fever is very contagious and can be fatal. It is especially common among children one to 15 years old.

The disease is caused by mosquitoes that transmit the virus from an infected person to a healthy person. This increases the number of people contracting the disease.

A survey in Vientiane to determine the population of infected mosquitoes since January 1987 found that the index was high in every village that the survey was conducted. This shows that there are a lot of sources for mosquitoes to transmit the virus from one person to another and from one village to another, and that there is a possible epidemic.

The multitudes and high densities of mosquitoes caused the dengue fever epidemic. People in many areas were sick from dengue fever in such villages as ban Sisavat, ban Thong Khan Kham, ban Vat Tai Noi, ban Savang, ban Pho Si ban Dong Mieng, the Km 5 area, ban Phon Phanao, Dong Dok, ban Houa Sieng, ban Dong Khoauy and other places in Vientiane Municipality.

12597/12223

Capital Issues Instruction on Dengue Fever Epidemic

54004311b Vientiane VIENTIANE MAI in Lao 13 Oct 87 p 2

["Announcement"]

[Text] Vientiane Administration would like to inform cadres, military and police personnel, and our fellow citizens in Vientiane Municipality that there has been a dengue fever epidemic in Vientiane Municipality since the end of February. The epidemic is quite severe; a lot of people have been very sick.

We have been concentrating all our efforts on fighting against this disease and promptly treating sick people. The disease has been progressively reduced since August and we are currently closely following up on the number of people sick with dengue fever. There were still many

dozens of people being treated in various hospitals from around the end of August to September 1987. This means that this disease has not been completely extinguished.

In reference to the situation, the course of the disease, and the current weather conditions, dengue fever can again spread rapidly if we are careless or do not pay attention to the task of suppressing the disease, as announced in Announcement 1502/Vientiane Municipality, dated 2 July 1987.

Therefore the Vientiane Administration Committee would like to warn and urge every party and state organization, the central administration, and the people of Vientiane Municipality to establish teams to wipe out sources for mosquito breeding. Offices and homes must be cleaned daily. The people should take charge and be responsible to clean up those areas that support the spread of mosquitoes by allowing them to hide and multiply.

1. Destroy all containers where water stagnates; for example, coconut shells, cans, broken bowls, broken jars, tires, plastic bags, and other water containers. These must be buried, burned, or the openings turned upside down. Other containers for drinking water must be tightly covered so that mosquitoes can not lay eggs. If water jars have larvae, the water should be thrown away and the jar cleaned well before storing new water in it. It should be tightly covered, as should vases and bowls containing water. Pantry chests should be changed every 5 days, or 2-3 teaspoons of salt put in.

2. Cut down weeds and bushes on the land around houses, near roads and offices. Trim extra tree branches so that they cannot be hiding places for mosquitoes.

3. Keep belongings and clothes organized in chests so that mosquitoes cannot live in them.

4. Children, especially those under 15 years old, should sleep under mosquito nets both day and night.

5. Use mosquito spray or coils to kill the mosquito carriers of dengue fever at home, nurseries, kindergarten schools and other places.

Upon receiving this announcement, ministries, directorates, offices, factories, hospitals, schools, restaurants, people, cadres, military personnel, and police in Vientiane Municipality should pay great attention to strictly follow orders to stop the current dengue fever epidemic.

I hope that everyone will pay attention and follow these instructions so that we will succeed in fighting dengue fever.

Vientiane 8 October 1987 Vientiane Administration
Vientiane Municipality Dr Siho Bannavong

12597/12223

Disease-Free Zone Established In Savannakhet *54004313c Vientiane PASASON in Lao 14 Oct 87 p 1*

["Atsaphangthong District Establishes An Area Free Of Livestock Disease"]

[Text] Since the beginning of the year the cadres in charge of agriculture, forestry, irrigation, and agricultural cooperatives of Atsaphangthong District, Savannakhet Province, have maintained an area free of livestock disease in three cantons: Kipma Canton, Banna Canton and Sao-gnai Canton. There are almost 7,000 head of livestock in this area, including more than 1,400 buffalo, 1,700 head of cattle and many horses, goats and poultry.

This the second district with an experimental disease-free area after Khanthabouli District. The agricultural cadres of the province are in charge and provide assistance in specialized areas.

It was also reported that recently veterinary cadres carried out operations to give injections against diseases which are apt to arise at the end of the rainy season and the beginning of the dry season. Up until now more than 1,800 draft animals have received injections.

8149

Malaria, Other Disease Outbreaks Reported By Area

Khammouan Malaria Incidence

54004312 Vientiane KHAOSAN PATHET LAO in Lao 13 May 87 p A6

[Report: "The Results Of 4 Months Work By The Malaria Station Of Khammouan Province"]

[Excerpt] Since January of this year the malaria station affiliated with the public health service of Khammouan Province has been surveying for malaria and distributing medicine to the people of the three district towns affiliated with this province, namely: Nong Bok District, Gnommalat District, and Mahaxai District. They have done this with a great sense of responsibility.

In the course of testing for disease and distributing medicine they took blood samples from 1,086 people to test for malaria. They found malaria in 7.82 percent of the samples, and distributed medicine to 1,176 people. They tested 1,213 people for hypertrophy of the spleen due to chronic malaria poisoning, of which 1.99 percent of the population were found to be affected.

Attopeu Malaria

54004312 *Vientiane KHAOSAN PATHET LAO in Lao*
10 Aug 87 p A6

["Attopeu Province Works To Suppress Malaria"]

[Excerpt] Since the beginning of this year the public health service of Attopeu Province has focused on suppressing malaria at the grassroots level where this disease is epidemic, particularly in Saisettha District. Their efforts are 87 percent complete. They sprayed DDT in 3,700 houses in six cantons. They distributed anti-malaria drugs to 21,800 people in seven cantons. They cared for 1,000 people suffering from malaria. They also led the people in sanitizing their houses to limit the spread of mosquitos.

Remote Vientiane District's Malaria Rate

54004312 *Vientiane VIENTIANE MAI in Lao*
21 May 87 p 1

[Article: "Efforts To Prevent And Suppress Malaria in Hom District"]

[Text] On 14 May the Kafak and Mengmai Malaria Institute sent out three cadres to work with the province and district in preventing and suppressing malaria in Hom District of Vientiane Province. In this operation they are to spray DDT to kill the disease-carrying mosquitos and distribute medicine to all the people suffering from malaria in five cantons: Phou-ngou Canton, Phalavek Canton, Phouhuat Canton, Nakha Canton and Kengnoi Canton. These cantons include 66 villages, 2,358 houses and 14,628 inhabitants. The time allotted for this operation is 30 days.

Hom District is a district of mountains and ethnic minorities. The malaria survey of 1985 indicated that Hom District was in an area with a great deal of malaria. Each year the incidence of sickness and death caused by malaria here has been high especially among children. In 1985 the malaria institute set up a network to control malaria at the district and grassroots level in order to serve the people of the area. In 1986 they sprayed DDT and distributed medicine to the people. Because of the spraying and medicine distribution the incidence of sickness and death among the people decreased satisfactorily. The incidence of the disease before spraying in 1985 was 16.65 percent; the incidence after spraying with DDT in 1986 dropped to 9.87 percent. This means that the incidence of malaria dropped 40.72 percent.

Vientiane Capital's Malaria Rate

54004312 *Vientiane VIENTIANE MAI in Lao*
23 May 87 p 1

["Now The Incidence Of Malaria Has Dropped To 4.2 Percent"]

[Text] In working to suppress malaria in Vientiane City in 1986 it was found that there were 8,000 people suffering from malaria in the outlying areas. In addition

it was found that the incidence of malaria throughout Vientiane City was 4.8 percent. Then efforts to suppress malaria were conducted and in the first 3 months of 1987 there were only 1,000 people suffering from the disease. Now the incidence of malaria has dropped to 4.2 percent. As regards the procedures for suppressing malaria undertaken by Vientiane City now, officials of the public health service have set up an experiment to analyze the disease in six areas. They have also extended their disease suppression network to an additional 15 areas in order to control and suppress this disease in particular.

Xieng Khouang Malaria Rate

54004312 *Vientiane PASASON in Lao* 26 Jun 87 p 1

[Article: "The Cadres Of The Malaria Station Of Xieng Khouang Province Proceed With Their Work"]

[Excerpt] Since April the cadres of the malaria station of Xieng Khouang Province have conducted operations in Nong Het District. During this period they have examined 470 people. They have examined the blood samples of 270 people and found malaria in 35 people. They sprayed DDT in 11 villages with 405 families. They sanitized various areas according to plan.

Champassak Malaria Work

54004312 *Vientiane PASASON in Lao* 27 Jun 87 p 1

["Operations To Suppress Malaria In Champassak Province"]

[Excerpt] The drive to suppress malaria in Champassak Province which has continued into June will probably continue. The medical cadres at all levels have increased their sense of responsibility in suppressing this disease so that it can be eliminated entirely.

In the first 6 months of this year officials of the public health service of Champassak Province sent mobile medical units to suppress malaria in grassroots production areas in 10 towns throughout the province. They carried out their work urgently and were able to spray more than 10,500 houses in various villages with DDT. They used 26 tons of DDT. Now more than 60,000 people are taking preventive medicine, and all the mobile medical units are concentrating on effectively and promptly caring for those suffering from malaria.

Champassak District's Malaria Rate

54004312 *Vientiane PASASON in Lao* 15 Oct 87 p 1

["The Proportion Of Malaria In Paksong District Is 3 Percent"]

[Text] Recently the malaria branch of the hospital in Paksong District of Champassak Province reported that the proportion of people suffering from malaria in their locality was about 3 percent of all sick people.

This statistic was compiled for sick people entering the hospital during the last 9 months. There were 6,768 sick people, and of these 204 suffered from malaria or about 3 percent. The rest suffered from other illnesses. With regard to this situation, in addition to caring for patients at the hospital, officials of the malaria branch also sent out cadres to spray DDT in the houses of the people. This has been completed in four cantons with 59 villages and 2,700 houses

It was also reported that at the end of September officials of the public health service of Paksong District held a short course in prenatal care for the people of six villages in Tharai Canton; 17 people attended.

Saravane District's Malaria Rate

54004312 *Vientiane PASASON in Lao* 23 Sep 87 p 1

["The People Of Lakhon Pheng District Have A 3.8 Percent Malaria Rate"]

[Text] According to a report from this locality a 1987 survey indicated that the people of Lakhon Pheng District of Saravane Province have a malaria rate of 3.8 percent. The survey began at the end of July. The medical cadres of the provincial malaria branch worked with the district medical cadres in this effort.

They are now continuing this survey while caring for the people at various grassroots locations in order to cover the whole district. Their goal is to reduce malaria steadily.

Houa Phan Disease Outbreak

54004312 *Vientiane PASASON in Lao* 2 Oct 87 p 1

["The Public Health Service Of Vieng Sai District Work To Suppress Epidemics"]

[Text] According to a report from this locality, last September in Vieng Sai District of Houa Phan Province there were epidemics of whooping cough, diphtheria, measles, tetanus, tuberculosis, and polio.

Therefore officials of the public health service of the district sent a number of medical cadres to this area to care for the sick and suppress the diseases quickly. In addition they organized a 10 day training period about using medicine, and 20 people attended. Through this course they learned the basics about using medicine, diagnosing illness, and checking the condition of a sick person. There was a particular emphasis on suppressing the diseases which are currently spreading.

At present medical personnel who have completed their training are working in various grassroots production areas, and it is thought that they will continue until the end of December.

Khammouan Malaria Outbreak

54004312 *Vientiane PASASON in Lao* 26 Oct 87 pp 1,3

["Khammouan Province Works To Suppress Malaria"]

[Text] Since the second quarter of this year the cadres of the malaria station of Khammouan Province have organized eight units to suppress malaria in various grassroots production areas and have set up an additional experiment for suppressing malaria in Thakhek District.

In carrying out these tasks they took blood samples to test for malaria, distributed preventive medicine and mobilized the multi-ethnic people to eliminate the breeding grounds for the mosquitos. This resulted in a decrease in the number of people suffering from malaria.

8149

Editorial: Animal Vaccination Poor, Disease Rampant

54004313a *Vientiane PASASON in Lao*
17 Mar 87 pp 1, 3

[Editorial: "More Attention Needed In Preventing And Suppressing Livestock Epidemics"]

[Excerpt] In 1986 we had 1.6 million head of cattle and buffalo while in 1976 we had only 900,000 head. We have 1.5 million pigs while in 1976 we had only 700,000. We have 8.4 million chickens which is double that of 1976.

These figures indicate the commendable increase in animal husbandry when compared with the period before liberation. But when we compare this with the actual capabilities of our country, we can see that the rate of increase in animal husbandry is still slow, and the number of animals has not increased as much as it should have, especially in recent years. There are many reasons for this but the primary reason is the lack of sufficient attention paid to preventing and suppressing livestock epidemics. Last year there were a number of areas in the province which did not do well, which still considered livestock care to be most important, which let the livestock roam free, which did not have a plan and which did not practice enough prevention, and so the result was that when an epidemic started, it could spread, and this situation could not be corrected quickly or effectively. This problem could be clearly seen in 1986: the number of animals that had received injections throughout the country did not meet the goal. In many areas there was no strict practice of quickly isolating diseased animals. Animals which died of disease were not completely burned or buried. Animals were still transported in and out of areas with livestock epidemics and injections were given only in the area of the epidemic, not in adjacent areas. This allowed the epidemics to

spread into many localities and provinces and caused a number of livestock to die of the following: pasteurellosis in cattle and buffalo, anthrax, pneumonia, swine cholera, and Newcastle's Disease.

These are unfortunate developments resulting from our lack of attention to prevention and failure to absorb the correct view from the directive of the party stating that: "we must consider injections in preventing disease and suppressing epidemics to be most important and care for livestock to be secondary." It is certain that if we do not change this incorrect view, we will not be able to avoid additional misfortunes.

Therefore in 1987 and especially in the coming rainy season we must pay more attention to preventing and suppressing epidemics which might arise such as: pasteurellosis in cattle and buffalo, anthrax, pneumonia, swine cholera, and Newcastle's Disease. All levels of the administration and the veterinary branches in each area, especially those at the grassroots production level, must have actual plans and procedures from now on. For example they must provide medicine and go to the grassroots to instruct and mobilize the people on giving injections to their livestock according to schedule. In addition they must provide information on a broad basis to the multi-ethnic people about raising livestock and procedures for preventing and suppressing livestock epidemics of all sorts. There is no doubt that how well we carry out these activities will have an effect on how the various kinds of livestock will increase over last year. On the other hand if we continue to let things go and do not pay the attention we should, then animal husbandry will not expand, and this will affect our supply of draft animals as well as improvement in the standard of living of our people.

8149

Agriculture Ministry: Anthrax, Pasteurellosis Up Due To Poor Vaccination

54004313b *Vientiane PASASON in Lao*
27 Feb 87 pp 1,3

["Instructions Concerning Prevention And Suppression Of Livestock Epidemics in 1987"]

[Text] Last week the Ministry of Agriculture, Forestry, Irrigation, and Agricultural Cooperatives issued some instructions for each locality throughout the country concerning activities to suppress livestock epidemics in 1987. The principle point of the instructions was that they were to follow the resolutions of the Fourth Party Congress concerning preventing disease and suppressing epidemics in order to assure a supply of draft animals, provide food, and create a source of export goods in ever increasing amounts.

In 1986 The Ministry of Agriculture, Forestry, Irrigation and Agricultural Cooperatives observed that injections to prevent disease and suppress epidemics throughout

the country received more attention than in the preceding years. But there were still a number of provinces which did not carry this out well and treated livestock care as the primary concern. It was not until there were epidemics in some areas that injections were given, which is not in keeping with the policy adopted by the party, namely that: "we must consider injections for preventing disease and suppressing epidemics as the primary concern and care of livestock as secondary."

For these reasons the number of animals receiving injections throughout the country has not been as many as planned. In 1985 only 25.5 percent of all animal herds received injections. In 1986 4 percent fewer animal herds were given injections, and this is the reason that in many localities of various provinces there were continuous epidemics of pasteurellosis, anthrax, pneumonia, swine cholera, and Newcastle's Disease, which caused a number of animals to die.

It therefore is expected that in the rainy season of 1987 there will be serious outbreaks of these diseases which could spread more than in the past. Therefore the Ministry of Agriculture, Forestry, Irrigation and Agricultural Cooperatives has recommended procedures for giving injections to prevent and suppress epidemics, and for cleaning out the areas where the diseases originate in order to reduce livestock losses in the future:

In various provinces the veterinary branches are to give injections expertly and thoroughly to prevent these diseases in livestock, stations, settlements, and agricultural cooperatives. They are to be finished before the epidemics spread and according to the schedule for giving injections. The schedule for injections against pasteurellosis in all types of animals is two times a year at the following times:

The first injection is to be given before the rainy season in the period from March to May.

The second injection is to be given before the cold season in the period from September to November.

As for anthrax, swine cholera, and Newcastle's Disease, injections should be given once a year. They could be given before the rainy season from March to May or before the cold season from September to November.

In case of a sudden outbreak of disease, they are to mobilize our veterinary forces for suppressing the disease and isolating the sick animals from the herd. Then they are to care for them and watch over them closely.

They are to follow the progress of the disease closely and report to the Ministry of Agriculture, Forestry, Irrigation and Agricultural Cooperatives regularly.

They are to strictly observe temporary regulations concerning measures for suppressing livestock epidemics. They are to announce a ban on movement of all types of animals in and out of the affected area until the situation is normal again.

They are to suppress the epidemic immediately with injections in neighboring areas where the disease has not spread and widely disseminate information warning the people about the losses caused by this contagious disease.

Animals which have died must be buried or burned. It is strictly forbidden to throw them in a river or eat their meat.

It is the duty of the veterinary department to prepare and equip mobile, anti-epidemic veterinary units. These units should work with the provinces in emergencies.

In order to perform these duties well, the provincial services committee for agriculture, irrigation, and agricultural cooperatives must appoint someone on a regular basis to lead epidemic-prevention efforts with a great sense of responsibility. This person should follow a detailed plan and see to it that as many livestock will receive injections as is possible, according to schedule, in order to prevent disease. When all efforts to eradicate epidemics are completed, the head of this organization should summarize the results in a report and praise those sections or individuals who have done outstanding and prompt work.

After receiving these orders they are to work with administrations in the localities and strictly carry out the orders in order to be effective.

8149

PHILIPPINES

Visitors Require AIDS-Free Certification

*HK171158 Hong Kong AFP in English
1130 GMT 17 Feb 88*

[Text] Manila, Feb 17 (AFP)—The Philippine Immigration Commissioner ruled here Wednesday that as of April 18, all foreign visitors who plan to spend more than six months in the country must present certification that they do not have AIDS.

Commissioner Miriam Defensor Santiago said that the ruling was meant to "protect the population from the further spread of the AIDS virus."

Foreign seamen and U.S. military personnel stationed at U.S. bases in the Philippines will also be required to submit certificates that they are free of Acquired Immune Deficiency Syndrome, she said.

Both the World Health Organization and the local Health Department have opposed requiring foreign visitors to present certificates that they are free of AIDS, arguing that it would have few beneficial effects.

There are about 40 Filipinos infected with the AIDS virus, most of them prostitutes working near U.S. military installations.

VIETNAM

Pest Infestation of Rice Reported Nationwide

*BK231508 Hanoi Domestic Service in Vietnamese
1100 GMT 23 Feb 88*

[Text] The Vegetation Protection Department recently issued a communique saying that harmful insects are spreading to ricefields in the northern provinces. Rice blast is spreading in almost all provinces, especially in Nghe Tinh and Binh Tri Thien. In the southern provinces, rice blast is developing in ricefields of the CN-2, MPL, Nong Nghiep 6A rice varieties and so forth. Provinces in Zone 5 experienced the same rice blast on several hundred hectares each.

It is predicted that rice blast will develop extensively on ricefields of the early 10th-month and main rice crops in northern provinces and cities in the days ahead. The density of brown and rice planthopper and rice case-worm will increase on ricefields. Black cut worm will damage corn, tobacco, and other subsidiary food crops. Rice blast and rice bug will continue spreading to ricefields in the southern provinces. Stem borers, cotton leaf-rollers, and rats will damage ricefields in localities.

The Vegetation Protection Department suggests that the northern provinces should accelerate the eradication of ground beetles by all available means, promptly spray insecticide to eliminate rice blast at its early stage, follow up the development of stem borer, brown planthopper, and rice caseworm in early 10th-month ricefields and black cut worms in vegetables and subsidiary food crops areas. The southern provinces should strive to eradicate rice blast and ground beetles in low-lying ricefields; and rats, rice caseworm, and stem borer in insect-stricken areas.

CZECHOSLOVAKIA

First AIDS Death Recorded

54003001 Prague RUDE PRAVO in Czech 21 Nov 87 p 2

[Text] Prague (by our correspondent)—Since 15 June, the regional as well as the district laboratories providing transfusion services in all of CSR have been testing all samples of donated blood for antibodies to the AIDS virus, using a method of the so-called screening tests. All positive cases that may be found are subject to a number of tests at the National Laboratory for AIDS Research of the CSR Ministry of Health in the Institute of Hygiene and Epidemiology in Prague, and only then is the final diagnosis made. Reports on tests in the entire CSR are also collected and analyzed in this laboratory.

By 31 October, altogether 173,950 samples have been tested, including 150,501 from blood donors. All these samples were negative.

Since September, these tests have been performed also by the virological laboratories of the public health service—public health center of the National Health Institute in Prague, regional public health center of the Central Bohemian region, public health center in Ceske Budejovice, Usti nad Labem, and Brno. In the very near future they will also be performed in the rest of CSR regional towns.

Virological laboratories of the regional public health centers test primarily people in the so-called high risk groups, i.e., homosexuals, people who frequently change their sexual partners, drug users, and foreign visitors from areas with high incidence of AIDS who come here for stays of longer duration.

Besides the blood donor group, by 31 October a further 23,449 blood samples have been tested, particularly of people from high risk groups and people with various clinical disorders. A large group of people have been tested in the framework of preventive examinations and for the purpose of obtaining an international certificate required by some countries before foreigners can enter their territory.

During these examinations 66 people tested positive. Of those, 20 were foreigners, and those people were sent back to their homes. Of the CSR citizens who tested positive 4 were clinically ill with AIDS. One man (homosexual) died on 31 October. Heretofore, most of the other 42 people belong to a group of clinically healthy people, the so-called carriers of the disease. Some of them are already in the stage of early clinical symptoms of the disease.

As can be seen from the report published in RUDE PRAVO on 12 October, the number of infected people here again rose moderately. And it continues to rise, as is evident from the discovery of other 6 positive cases in recent days.

"All of the above data indicate that AIDS does not bypass our country. It is essential to stress once again that at this time the only possible defense against this pernicious disease is sexual discipline. This applies most of all to young people, who should not enter into premature sexual contacts, under no circumstances with people they do not know, who should avoid casual contacts with them and observe hygienic rules of sexual life," emphasized the chief of the National Research Laboratory for AIDS of the CSR Ministry of Health Docent Lubomir Syrucek, Candidate of Sciences.

12605

BAHAMAS

Update on AIDS Situation; Almost 50 Percent Dying

54400061 Nassau *THE TRIBUNE in English*
9 Jan 88 p 1

[Article by Anthony Forbes: "50 Percent of AIDS Cases Cocaine Abusers, & Nearly 50 Percent Die"]

[Text] Fifty per cent of the 140 adult AIDS cases reported between 1985 and 1987 were cocaine abusers who contracted the deadly disease through sexual promiscuity, the Standing committee for the Prevention and Control of AIDS has revealed.

In its first press conference on AIDS for 1988, the committee reported that there were 90 AIDS patients in 1987 with 44 deaths.

Overall, the committee said that 176 AIDS cases were reported between 1985 and 1987, including 36 children and 140 adults. Eighty-three of those patients have died.

The committee, which will issue a quarterly up-to-date report, said that the ratio of persons with AIDS is almost two males to one female and is gradually approaching one male to one female, and is more predominantly in the sexually active age group of 20 to 44.

Dr Norman Gay, Minister of Health, said there had been a drop-off in blood donations because people feared that they might contract the deadly disease. He assured blood donors that one does not contract AIDS by donating blood.

He also said that the 50 per cent of the adult AIDS patients contracted the disease because of promiscuity related to drugs.

At the last press conference in November, 1987, Dr Gay disclosed 77 cases had been reported between January and September of last year, bringing the total number of reported cases since 1985 to 163. Of that number, 81 patients had died.

The 176 cases reported yesterday represented an increase of 13 between September and December, 1987, and the 83 deaths increased by two over the three-month period.

Dr Gay noted at the press conference that the Bahamas first started testing for AIDS in the Blood Bank in August, 1985. He said statistics are in conformity with the epidemiology of the disease worldwide.

"Because of the natural history of the disease, it is transmitted to healthy individual several years before physical signs appears," Dr Gay said. "What this means is that transmission occurred in each case, months to years before the disease is diagnosed."

He said that in 1985, a total of 36 cases were notified and 16 deaths occurred in that year.

In 1986, 50 new cases were reported and 23 deaths occurred, while in 1987, the count went up to 90 new cases and 44 deaths.

"This gives a cumulative number of 176 cases and 83 deaths over the three-year period," the Minister said.

Dr Gay noted that it is important to be aware that not everyone who carries the Human Immunodeficiency Virus (HIV) is ill.

He said that those infected with the virus who do not have the disease are referred to as "healthy carriers."

According to Dr Gay, in 1986, the number of healthy carriers increased to 85 over the 20 reported in 1985, and last year rose to 255.

"This number represents only those that have been discovered from our screening process," Dr Gay said.

Dr Gay said that of the total number of 176 notified in 1987, 36 or 20 per cent were among children under the age of five, who were all born to mothers who were infected with the HIV virus.

Dr Perry Gomez, Deputy Chairman of the Standing Committee on AIDS, said that most of the children born to mothers infected with AIDS and who themselves contract the disease, die within two years.

As to whether pregnant women who have the AIDS virus should have an abortion, Dr Gomez said that that decision had to be left with the mother. There was a 50 percent chance that the child would be infected with the disease. On the other hand the child might not be infected.

Dr Gay commended the committee, which through its various subcommittees, worked hard to inform the general public about AIDS.

He said that numerous talks on the subject were given throughout New Providence and on several Family Islands. Workshops were conducted for some leaders in the society, who in turn have continued with AIDS education in the community.

"Our Blood Bank has continued to screen blood for the AIDS anti-body so as to make blood and blood products safe for use," he said. "AIDS patients and their families have been given a great deal of support both medically and socially."

"The fight against AIDS is a continuous one and every one should resolved to make a contribution," he said.

"Two principal ways are recommended, by increasing his or her knowledge about the subject, but even more importantly, to practise behaviour that would reduce the risk of AIDS transmission," Dr Gay said.

/06662

BARBADOS

16 More AIDS Deaths in 1987; Total Now at 34
54400062 Bridgetown *THE SUNDAY ADVOCATE* in English 17 Jan 88 p 1

[Text] Some 16 people died from the dreaded Acquired Immune Deficiency Syndrome (AIDS) last year in Barbados, local health officials have announced.

This figure brought the total number of deaths from this disease to 34 while the total number of AIDS cases stand at 55.

In giving the latest update on the AIDS situation, the health officials said that during the last quarter of 1987, three new cases of the disease were diagnosed at the Queen Elizabeth Hospital and there were four deaths.

Of the three new cases, the victims ranged in age of between 20-49 years, there was one female, while the two males were alleged to be homosexuals.

The health officials also reported that during the last quarter, of the 791 blood samples tested for HIV antibodies, 618 samples were collected from blood donors and none of these was found to contain HIV.

Of the 24 AIDS cases in Barbados last year, 21 were male and three females with a total of 11 between the ages of 20-29; six between 30-39; four between 40-49; two between 50-59 and one was 60 and over.

Seven Homosexuals

Nine of those persons contracted the disease through heterosexual contact, seven were homosexual males, two bisexual males, two from blood transfusion, one was classified as a no risk factor and three got the disease through "unknown" factors.

Government has set up a National Advisory Committee on AIDS in an effort to do more for those persons suffering from the disease.

/06662

Vector Control Under Way To Curb Dengue Fever Outbreak

54400056 Bridgetown *CANA* in English
2229 GMT 15 Jan 88

[Text] Bridgetown, 15 Jan (CANA)—Barbados health authorities on Friday reported 38 confirmed cases of dengue fever on the island over the past seven weeks. A Health Ministry statement, however, said the amount of suspected cases were greater in number. The disease is carried by the *Aedes Aegypti* mosquito. Public health inspectors are spearheading a campaign to destroy breeding places of the mosquito. At the same time, the vector control unit of the ministry is conducting a fogging campaign aimed at wiping out the adult mosquito population.

/9274

BERMUDA

Government Reviews AIDS Situation for 1987
54400065 Hamilton *THE ROYAL GAZETTE* in English 8 Jan 88 p 5

[Text] Bermuda's top medical officer yesterday said the potential spread of AIDS among heterosexuals was a major concern.

Dr. John Cann made the statement in a year-end AIDS review which showed that 17 people died of the disease in 1987.

The report also showed that 71 cases—51 ending in death—have been reported since the start of records in 1984.

Intravenous drug abusers, their sexual partners and some AIDS victims classified as "others" are considered potential carriers of the killer virus to heterosexuals.

"Although an increasing number of cases have occurred among homosexuals and bisexual men, the potential for greater heterosexual transmission of HIV (AIDS) infection remains an important concern," Dr. Cann said.

"Infection is still most likely to occur in intravenous drug users who share the use of needles, homosexual and bisexual men and the partners of these two high risk groups."

The statistical breakdown to date shows that AIDS has killed eight people classified as the sexual partners of drug abusers—the people who account for the most AIDS cases.

"It is not a mad breakout into the heterosexual community," one medical official said last night. "But as long as the proportion of AIDS cases is high among drug users there must be a concern."

So far, intravenous drug abusers account for 44 AIDS cases, homosexual and bisexual men for 11, the sexual partners of drug abusers eight and other people seven.

One case has been reported in a child.

Dr. Cann also warned that an increasing number of people are likely to become infected with the AIDS virus.

The statement follows Government-organised research pinpointing about 300 residents whose lifestyle makes them prime candidates to catch the virus.

In 1987, a total of 20 new AIDS cases, and 177 deaths, were reported to health officials. The tally in 1986 was 21 new cases and 15 deaths.

More than 80 percent of the reported AIDS cases are men. The age breakdown shows that just over 90 percent of victims are between 20 and 49 years old. People between 30 and 39 years account for the largest number of cases at 57 percent.

AIDS is a virus that robs the body of its ability to fight infection. It is passed through the use of infected needles and the exchange of bodily fluids such as semen.

/06662

CHILE

AIDS Blood Screening, Notification Detailed

54002007 Santiago LA NACION in Spanish
13 Jan 88 p 4

[Text] The Ministry of Health will initiate epidemiological vigilance and prevention of AIDS in Chile this year through a Plan for Active Vigilance in laboratories of private health centers. It will also reinforce the educational campaign in schools and through the mass media.

This is in addition to implementation of control over blood donations in all the blood banks of the SNSS [National System of Health Services] hospitals. This makes it possible to state today that there is no risk of contracting the disease through blood transfusions.

Dr Raul Munoz, head of the program of epidemiological vigilance for AIDS and ETS for the Ministry of Health, confirmed this. He released the report for the last quarter which contains the latest cases and the evolution of the disease in the country.

Dr Munoz stated that seven cases were recorded in the last quarter of 1987: October, November, December. Two cases are bisexual men, three are homosexual men, and one is unknown. The last was a person who contracted the disease abroad and came to Chile to die.

He was seen in the Hospital for Infectious Diseases of the Metropolitan Sur Health Service.

Evolution

Munoz stated: "During this last quarter, we confirmed two deaths. One was seen in the Hospital for Infectious Diseases and the other corresponded to previous reports."

As to age and sex, all the cases reported are males between 30 and 49 years of age, following almost the same pattern as the previously recorded cases.

The problem of lack of notification—cases that are not revealed in order to protect the patient and family—was emphasized. He said: "We estimate this at between 10 and 20 percent in Chile, but in developed countries this figure reaches 40 percent. In fact, the report of the director general of WHO which cites 68,200 reported cases is very cautious, stating that it is necessary to estimate 150,000 cases."

He explained that there are sanctions in the Health Code for those responsible for lack of notification. They warn the doctors to turn in the reports at the central level and be prompt in obtaining information on the incidence of VIH.

As to the educational aspect, Munoz announced that a work group was formed under the sponsorship of PAHO the day before yesterday. It consists of two educators, two nurses, a psychologist, and a sociologist who will be responsible for methods and actions to intensify the educational work this year.

Their aim will be to reinforce information for health personnel, insert it in the curricular programs of basic and middle education and teacher training, provide educational booklets to the Health Services, and carry out an intensive publicity campaign through the news media beginning in March.

7717

COLOMBIA

Malaria Cases Increase After Fumigation Ceases

54002006 Barranquilla EL HERALDO in Spanish
2 Jan 88 p 8a

[Article by Fabio Osorio]

[Text] Due to the shortage of DDT and adequate equipment, the sectional SEM [Service for Malaria Eradication] stopped fumigating anopheles and aedes aegypti mosquitoes, carriers of malaria and dengue fever, respectively.

The president of the Union of SEM Workers, Fermin Rambal, reported this. He said that only two of the 22 vehicles assigned to this regional SEM are working. Most

of the fumigation equipment is damaged and the equipment that does work is obsolete and ineffective. The union leader revealed: "We can add that there are no guarantees for the personnel as to wages and travel expenses."

There were six indigenous cases of malaria in the city of Barranquilla: two in the Ciudad de Modesto district and four in Buenos Aires. This is critical because it verifies the ineffectiveness of the work carried out by SEM. Cases of malaria have been detected before in the southern districts, but all were classified by SEM and Servisalud as "imported." Those who had malaria contracted it in rural zones of the savannahs in Bolivar and Sucre and even the jungle region of Magdalena Medio.

Rambal stated: "We condemn the way the epidemiological work was done. There was no epidemiological blockade as WHO recommends for these cases. Fumigation against malaria was not done house by house which is advised in an area where cases occur. In Buenos Aires, only the infected house was fumigated. The people living in nearby residences were left with the likelihood of contracting malaria. In Ciudad Modesto, the nearby houses were fumigated. Dr Antonio Donado (regional director of SEM) stated that the houses in Ciudad Modesto were not fumigated because the DDT ran out."

There is also concern about dengue fever because the larva or adult aedes aegypti, the mosquito that carries dengue, cannot be attacked. This viral disease has been mild in Barranquilla but the danger of hemorrhagic dengue remains. It is of Asian origin and caused deaths in Cuba and other islands of the Caribbean until a short while ago.

Rambal explained: "The required house-by-house fumigation to fight the aedes aegypti has not been done. Only the airport and the port have been sprayed because the disease can enter the country there. However, the basic house-by-house fumigation has not been done to eradicate dengue which attacks Barranquilla cyclically. It is not as virulent, but it is still worrisome."

It was stated that the departmental government promised to deliver 50 individual or hand-held machines which are best for the house-by-house fumigation. Until a short while ago, the spray was used only with equipment mounted on the two obsolete vehicles that "half function."

The labor situation in the regional SEM is also worrisome. As of 29 December, the 280 employees were still owed for the month of December, bonuses, and vacations.

DOMINICA

AIDS Claims Second Victim; Others Are Afflicted
34400057 Roseau *THE NEW CHRONICLE* in English
31 Dec 87 p 18

[Text] The death of a one and a half year old child this month is Dominica's second AIDS victim since the killer disease surfaced in Dominica this year.

This was disclosed December 18, by Dr William Green, Medical Officer of Health and Chairman of the Aids Task Force during the presentation of AIDS testing unit to the Government of Dominica from the French Government.

Dr Green said there were four other people afflicted with the AIDS virus and five others who carry the disease with the capability to spread it.

Dominica set up a task force shortly after the first AIDS victim surfaced to coordinate preventative measures to combat the AIDS menace with the most important part being the health education of the public.

With the receipt of the AIDS testing endoscope by Health Minister Ronan David, Dr Green said the gift will among other things: (a) enable us to screen our blood donors here; (b) the result will be known to us almost immediately and (c) many more people will be able to be screened besides just blood donors." [quotation mark as published]

Dr Green said there would no longer be the need to send suspect blood to CAREC, Trinidad for analysis, "only the very expensive confirmative western block test will be required to be done abroad."

Dr Green after commenting on the uses the endoscope will be put to [was] quite happy to add it to our stock at the Princess Margaret Hospital.

"These gifts...are timely, necessary and...something to be cherished", he ended.

Health Minister Ronan David received the AIDS testing equipment and endoscope valued at \$200,000 from Mr Gerard Jacquet who heads the French Mission for Co-operation and Culture.

Mr David in expressing the gratitude of Dominicans, said this was another manifestation of the cooperation which exists between the French Government and that of Dominica, "in particular the development and the expansion of the health service."

He hoped that the cooperation which now exists would continue to flourish between the two countries.

Mr Jacquet said the occasion marked the further strengthening of the long-standing health cooperation between their two governments.

Mr Jacquet said the occasion marked the further strengthening of the long-standing health cooperation between their two governments.

He said the Dominica Government had expressed serious concern over the number of AIDS cases on the island adding, "These cases have not reached the alarming figures recorded every day on each continent. The Dominican authorities have justly decided to go wise and safe, and take immediate action to prevent and control the spread of the disease."

The Dominica Government made a request for assistance in obtaining the necessary equipment and reagents for establishing laboratory AIDS testing procedures at the main health care laboratory at the Princess Margaret Hospital.

Mr Jacquet in conclusion said about Dominica, "you have made up your minds to take up the challenge and protect what is questionably a country's truest and most undisputed wealth, its human resource."

The Government of France is proud and honoured to be by your side in this campaign against AIDS.

/9274

GUYANA

EEC, MSF Provide Help for Malaria Eradication
54400058 Georgetown GUYANA CHRONICLE in
English 9 Jan 88 pp 4-5

[Article by Colly Prowell]

[Text] Guyana's malaria eradication programme is to be supported by US \$300,000 provided by the European Economic Community.

This was disclosed yesterday by Dr Dana Van Alphen, the programme co-ordinator and specialist in Tropical Medicine, attached to the Medicos San Fronter (MSF)—Doctors without borders—a non-government and non-profit international organisation.

Dr Van Alphen explained that the sum represents inputs of 6 out-board engines, six boats which will be built locally, 5,000 kgs of anti-malaria drugs and medical and laboratory equipment.

Five resource persons from the MSF will also live and work along with their Guyanese counterparts in Regions 1, 7 and 8, the areas identified for the exercise.

According to Dr Dana, the exercise will involve spraying, curative activities, detection of infected person and testing for drugs susceptibility, so as to determine chloroquine-resistant strain of malaria parasites.

She also explained that Senior Minister in the Ministry of Health Dr Noel Blackman was instrumental in getting the MSF involved in this programme.

The MSF branch responsible for bringing the programme is based in Holland.

The MSF is a medical organisation which has a group of volunteers who assisted in countries besieged by urgent situations as famine, epidemics, war and any other crisis situation.

The organisation, upon the invitation of a government, would send resource personnel to assess the situation and to make recommendations to donor agencies for financing projects.

Dr Dana was in Guyana during December last and she visited the malaria-infected areas. Based on her observations, proposals were made and were accepted by the EEC for financing.

The financing of the project, she further explained, falls under the LOME 3 convention.

According to Dr Van Alphen, the material for their antimalaria programme will arrive in Trinidad by January 11, on its way to Guyana. Three persons from the MSF will soon be arriving in Guyana to complement the two who are already here.

Meanwhile Monsieur Jean-Claude Heyraud, Delegate to the Commission of the European Communities, along with Dr Judith Peerebomo and John Van Tiggelán, technician expert in radio communication, is here having talks with the malaria unit of the Ministry of Health.

/9274

JAMAICA

Nine More AIDS Cases Reported; 28 of 44 Have Died

54400063 Kingston THE DAILY GLEANER in English
21 Jan 88 p 1

[Text] Nine more Jamaicans have contracted AIDS (Acquired Immune Deficiency syndrome) within the last two months.

They all contracted the disease between November 16 and mid-January, but some were infected abroad and some here.

This brings to 44 the number of Jamaicans who have had the disease; 28 of these Persons With AIDS (PWA) are dead and 16 are alive.

Four children under five years old have contracted the disease from their mothers who tested positive for the Human Immuno-Deficiency Virus. Thirty-one males and 13 females have contracted AIDS.

THE GLEANER learned that several Jamaican farm workers who have contracted AIDS have been sent back to Jamaica. Nine farm workers have been reported to have AIDS and overall, 18 cases have been classified as imported while 14 were contracted locally.

Dr. Kenneth Baugh, Minister of Health, said yesterday that 33 of all the cases occurred during 1987 and only 11 were reported as being contracted before this. Since 1988, no one has been reported to have contracted AIDS.

He said that when the farm workers were deported they received treatment at local hospitals just like other Persons With AIDS. Dr. Baugh will be attending a Health Ministers' conference in London on AIDS next week.

However, he said, it was possible that one case was contracted by blood transfusion which took place before the testing of blood began in 1985. Twenty-two of the AIDS cases have occurred in Kingston and St. Andrew.

Referring to the sexual practices of the victims, he said that 25 were heterosexuals, seven homosexuals, three bi-sexuals, while the sexual preference of three was unknown.

/06662

TRINIDAD AND TOBAGO

Government Reports Disease Threats, Morbidity Rates

54400064 Port-of-Spain TRINIDAD GUARDIAN in English 22 Jan 88 p 6

[Text] San Fernando—An epidemic much greater than the dreaded Acquired Immune Deficiency Syndrome (AIDS) has hit this country, according to Principal Medical Officer (Institutions) Dr Rawle Edwards.

Obesity, diabetes and hypertension are the three major diseases spreading more rapidly than AIDS here and have been identified as the main factors for the high morbidity rate, said Dr Edwards.

He pointed that the chronic diseases are the largest health problem facing the country today.

Dr Edwards spoke at the first inter-county seminar workshop organised by Ministry of Health teams from Victoria and St Patrick at Palm's Club, San Fernando, yesterday. Theme of the seminar was "Quality Care Through Education."

Dr Edwards revealed that 12,000 males are suffering from cardiovascular disorders (heart diseases), 35,000 hypertension (high blood pressure) and about 100,000 diabetes (sugar). He said diabetes is a particularly severe problem among the women as well.

He told participants that patients suffering from these chronic disease affect productivity "and what it does to their families is tragic."

Pointing out that funds to provide health care for these patients are drying up, Dr Edwards disclosed that caring for them cost the State 157 percent more than the average patient.

"It costs the State about \$450 a day to take care of one of these people and approximately 40 to 50 percent of the entire health bill goes towards their care," he said.

Despite improvements in water supply and other basic health facilities in some areas, Dr Edwards said most people died in 1987 as a result of these infectious diseases, adding that the mortality rate among men over 35 years is increasing.

In the light of these statistics, he said, the morality and morbidity rate must be reduced to prevent the spread of these diseases.

/06662

Government Finds AIDS Link to Tuberculosis

54400059 Port-of-Spain SUNDAY EXPRESS in English 10 Jan 88 p 3

[Excerpt] An association between AIDS and tuberculosis has been noted in Trinidad and Tobago. So far there are at least 11 cases of AIDS with tuberculosis also.

Health Minister Dr Emanuel Hosein disclosed this yesterday during his opening remarks on the first day of the 11th annual Medical Update'88 at the Trinidad Hilton ballroom. Medical specialists, researchers, doctors and medical students from Trinidad, the Caribbean, the United States and the United Kingdom attended the update which ends today. Presiding over yesterday's session was Chief Medical Officer Dr Elizabeth Quamina.

Hosein said it is of particular concern that many health professionals, especially doctors, do not seem to be fully aware of the consequences for the public health resulting from the activity of the HIV. Apart from the association between tuberculosis and AIDS (Acquired Immune Deficiency Syndrome), the minister said the

killer disease is also spread in Trinidad and Tobago through heterosexual contact and there are also examples of transmission from mother to child.

/9274

INDIA

Continuing Developments in Struggle Against AIDS

Breakthrough in Research

54500085a Bombay *THE TIMES OF INDIA* in English
30 Dec 87 p 3

[Text] PUNE, 29 December—Scientists at the National Institute of Virology (NIV) here have isolated the unique "A-type particles" which have enormous significance in AIDS research, from the human body for the first time.

This development is likely to throw light on several strange features associated with AIDS infection, according to the NIV director, Dr Khorshed Pavri.

A-type particles have so far been detected only in rodents and are known as precursors of retroviruses causing cancer. Their detection in human beings have startled scientists.

The blood specimen used in the experiments had been collected from a prostitute from Tamil Nadu who had shown the presence of HIV-1 (Human Immunodeficiency Virus-1), one of the two strains of AIDS viruses detected so far.

The prostitute had delivered a boy in December last year, following which a test showed the absence of AIDS virus in the blood, said Dr Pavri. She said the detection of A-type particles might help explain the long, silent periods after exposure to the virus, the roles of other infectious agents and fluctuating levels of antibodies in asymptomatic individuals.

The prostitute's blood had reported positive to AIDS tests at the Christian Medical College, Vellore, and the microbiology department of the Madras Medical College, ten months earlier.

Dr Pavri said she had formulated a hypothesis on the origin of AIDS viruses, which would be submitted to the fourth international conference on AIDS to be held in Stockholm in June. The conference is being co-sponsored by the World Health Organisation. NIV is one of the two south-east Asian centres for WHO's AIDS research collaboration.

NIV, which started studies in AIDS virus isolation in 1986, has isolated the virus from at least three patients using an internationally-recognised technique. All these patients had a history of exposure to HIV abroad.

After the TN prostitute's blood reacted negatively to the Elisa and Western Blot test for AIDS, the NIV scientists resorted to culturing methods. Though virus cultures are discarded after four to six weeks, the scientists continued with this one till HIV antigens appeared after 15 to 20 weeks.

Electron microscopy also confirmed the presence of virus-like particles which, however, were different from the strains so far observed in human beings. Later, their likeness to A-type particles observed in rodents was confirmed. The virus in this form is considered non-infectious.

Dr Pavri said the suppression of the immune mechanism of the woman during pregnancy, activating the particles, might have led to this chance discovery. The long and patient culturing by the scientists also might have permitted the extremely slow-growing particles to become identifiable, she added.

Discovery in Indian Monkeys

54500085a Madras *THE HINDU* in English
8 Dec 87 p 7

[Words in boldface as published]

[Text] New Delhi, 7 December—It may not be the African green monkeys alone which get affected by an AIDS like syndrome. This simian variety of infection may be present in certain Indian monkey species as well. The discovery of antibodies to the Simian Immunodeficiency Virus (SIV) in Indian bonnet monkeys (*Macaca Radiata*) was disclosed by Dr G.P. Talwar, Director, National Institute of Immunology (NII, New Delhi, during a lecture by Prof Luc Montagnier on AIDS: Possible origins and prospects here.

'We have found antibodies in some Indian monkeys and we plan to collaborate with the Pasteur Institute to confirm this and carry out further research,' Dr Talwar said. 'If this is confirmed then it would be of great interest because this would be the first time a primate species has been identified in which the infection does not seem to develop into a disease, he added. The bonnets at the NII animal house, from which the Simian AIDS (SAIDS) antibodies are being suspected, have been in captivity for several years without any external influence and they have never displayed any SAIDS like syndrome, Dr Talwar said.

Animals for research: The NII maintains an animal house for research purposes. It has several monkey species including some foreign—African and European—varieties. Apart from the widely used rhesus monkeys the facility has about 200 bonnet monkeys which are mostly found in southern India. The Indian and foreign species are kept in separate enclosures. Prof Montagnier said that he would be carrying sera samples from monkeys of the NII for carrying out confirmatory tests.

When Prof Talwar was approached later for further details regarding the number of monkeys from which antibodies were found, the nature of antibody response, etc. he did not wish to give more information except stating that the findings had been confirmed by a research group at the University of California, Davis.

According to Prof Talwar the finding was extremely significant because till date no animal system is known where the immune mechanism of the body manages to resist the dreaded disease.

The SIV, the prototype of which was isolated from the captive African monkey species *Macaca Mulatta*, is closely related to the second variant of the Human Immunodeficiency Virus (HIV-2) found in some patients of Western Africa and Europe in the last one year. Therefore, it is believed that bonnet monkeys could provide a good model for the immune response which the AIDS virus elicits so that research could be done for developing suitable treatment towards human AIDS which has defied all approaches so far. One of the major reasons for the unsuccessful therapies and vaccines has been the lack of a good animal model. The Indian bonnets may provide just that.

Air Hostess Deported, New Statistics
54500085a Bombay THE TIMES OF INDIA in English
4 Jan 88 p 4

[Words in boldface as published]

[Text] New Delhi, 3 January (UNI)—An air hostess from Spain is under deportation from Bombay following discovery that she is suffering from AIDS, according to health ministry sources here.

With this detection of the AIDS case, the total number of full-blown AIDS cases discovered in the country has gone up to 16.

As of 15 December, a total of 68,481 people were tested for AIDS, of which 191 were found infected with the AIDS virus.

Among the 16 full-blown cases, six were foreigners, one non-resident Indian and nine Indians.

Of the nine Indians, eight have died and one is alive and under treatment in Tamil Nadu.

Official sources said this was the first indigenous AIDS case—a teacher who got infected due to blood transfusion.

The detection of the indigenous AIDS case is causing concern to the authorities and the ministry has asked all states to be vigilant and screen the blood donors, the sources said.

Following the detection, the Tamil Nadu government has sought Central assistance for screening blood donors. About 20,000 donors were giving blood in Vellore Christian Medical Hospital alone, it was stated.

Sources said the total number of blood donors in the country are about 1.5 million.

According to ministry sources, potential AIDS carriers are those entering India from abroad, particularly the Indians after visiting those countries where AIDS is prevalent.

The government of India has taken several steps to check the spread of this dreaded disease, including a comprehensive legislation.

The government has also taken various precautionary measures. These are:

A cell has been established in the directorate general of health services to coordinate AIDS control activity in the country.

Thirty six surveillance centres have been established to screen high-risk groups.

All these centres have been provided with diagnostic reagents and equipment package have also been provided to most of them.

Restrictions have been imposed for import of blood and blood products without AIDS clearance certificate.

All the state health authorities hospitals/STD clinics have been alerted to be vigilant.

All the blood banks have been instructed to screen the professional donors.

All the state health authorities have been advised to ensure strict sterilisation practices in hospitals and to use pre-sterilised disposable syringes and needles as far as possible.

As for foreigners, any new foreign student being admitted to any of the Indian institutions is required to undergo the AIDS test. Anybody reporting positive to the test is repatriated back to his country.

It was also decided to screen the foreigners intending to stay for more than one year in India. Members of the diplomatic mission, will however, be exempted from the AIDS test.

DPA From Singapore: The government today lifted a long-standing ban on condom advertising in order to counter the spread of AIDS in this island—nation of 2.6 million people.

From now on, condom advertisements will be allowed in newspapers, magazines, cinemas and on radio and television.

The move was taken following the death of four people due to AIDS and the discovery of 16 carriers of the virus in the country.

The health ministry has taken another step to install condom-dispensing machines in public areas.

Dr Moses Yu of the ministry said: "Singapore is following the lead of countries such as the U.K., the U.S., Thailand and Hong Kong which have endorsed condoms as helpful in preventing the spread of AIDS."

/12913

Concern Expresses Over High Incidence of Heart Diseases

5450088a New Delhi PATRIOT in English
19 Dec 87 p 5

[Text] Minister of State for Health and Family Welfare Saroj Khaparde has expressed concern at the increasing incidence of heart diseases in the country and sought the cooperation of the voluntary organisations in the health-care programme, reports UNI.

In her inaugural address at the three-day international conference on "preventive cardiology and colour doppler echo-cardiography" in Delhi on Friday, Ms Khaparde observed that preventive healthcare coupled with effective health education programme can go a long way in reducing the occurrence of these diseases.

The Minister pointed out that the incidence of rheumatic heart disease among children was very high in India and other developing countries. According to an ICMR study, an estimated four to five million school-going children suffered from the disease.

Ms Khaparde observed that the incidence of ischemic heart disease and hypertension was also on the rise in developing countries due to factors like urbanisation and habits associated with sedentary life. The overall incidence of heart diseases had been estimated by ICMR at 36 to 38 per thousand people in different parts of the country.

The Minister said the Government had launched a "rheumatic health care disease control programme" in the Seventh Plan with a provision of Rs 50 lakh. Efforts were being made to strengthen the methodology of its prevention, she added.

The importance of yoga and meditation in the prevention of cardiac diseases and promotion of health and longevity has now been recognised by developing countries, she said. Learning to relax by these techniques can substantially reduce stress—a major risk factor, she pointed out.

Ms Khaparde noted that these techniques which were becoming increasingly popular, should be promoted right from the school-going age.

She complimented the country's physicians in keeping up-to-date with the sophisticated techniques of diagnosing and treating cardiac ailments.

She observed that the country's health care programme was based not only on governmental efforts but also on the active support of voluntary and charitable organisations.

She said India was committed to the goal of health for all by 2000 and sought support from all sections of the society.

About 500 cardiologists from India and abroad are participating in the conference.

Dr Col K.L. Chopra in his keynote address spoke of the tremendous advances made in medical technology and said continuing medical education is the only method of raising standards of patient care.

He announced that the save a heart foundation of Los Angeles, US had offered scholarship to heart care foundation for training an Indian cardiologist at the University of California. He expressed appreciation for the efforts of Dr Navin C Nanda who took a keen interest in the heart care foundation.

Ms Khaparde also inaugurated the Navin C Nanda national institute of echocardiography and cardiac research to be located at the Moolchand Hospital.

In his address, Lt-Governor of Delhi H.L. Kapur said by going into depth on the preventive aspects of heart ailments, the conference is breaking new ground in an area affecting the growth of young and old alike.

Mr Kapur also released on the occasion a souvenir brought out by the organisers carrying authoritative articles on the research on and use of modern medicine in safe cure of heart ailments.

/12913

Rise in Incidence of Sexually Transmitted Diseases

5450086a Bombay THE TIMES OF INDIA in English
14 Dec 87 p 4

[Text] New Delhi, 13 December (UNI)—Cases of sexually transmitted diseases (STD) are increasing in India, a senior health ministry official said.

"Information from clinics all over the country indicate that STD is growing in dimension," Dr A.K. Mukherjee, additional director-general of health services, and while inaugurating a conference of dermatologists, venereologists and leprologists here today.

He said one out of every 20 persons in the country was suffering from sexually transmitted diseases, resulting in widespread morbidity and mortality.

"Diseases that warrant immediate attention are syphilis, gonorrhoea, chancroid, granuloma inguinale and AIDS," Dr Mukherjee said.

Dr Mukherjee said sexually transmitted diseases were causing a number of complications including abortions, miscarriages, premature births, still births, blindness, heart and mental diseases and bone disorders in India.

A major problem in controlling the diseases is that patients do not come to doctors at the early stage of the diseases due to the stigma attached to disorders related to sex organs.

"During the early stage of the diseases, the patients infect others and are unaware of their effect on their wives or husbands," he said.

The diseases could be controlled only by early diagnosis and scope of the problem should not be limited to the health department alone, he said. "It is a problem to be encountered at each level such as family, community and society, social workers, teachers, community leaders. Religious heads have a big role to play," he added.

Dr Mukherjee said sexually transmitted diseases were not confined to urban centres but occurred in rural areas also.

Rural primary health centres should be adequately equipped to detect the diseases and medical and paramedical personnel in various STD clinics and peripheral health centres should be properly trained, he said.

Referring to leprosy control, he said although the national leprosy eradication programme had made much headway, out of 12 million leprosy cases in the world, one-third were in India.

Dr Mukherjee said the strategies formulated by the government to control leprosy were:

- Early detection and regular treatment of cases
- Education of patients, their families and community
- Rehabilitation of cured patients to make them economically self-reliant and socially acceptable.

/12913

Deaths Due to Impurities in Measles Vaccine
54500093 Bombay *THE TIMES OF INDIA* in English
22 Jan 88 p 4

[Text] New Delhi, January 21—The 16 deaths reported between April and October after the administration of measles vaccine have been traced to contamination of the open vials because of improper handling.

Manufactured by the Marieux Institute of France, the vaccine was imported with the UNICEF assistance. Measles was included in the six vaccine-preventable diseases only in 1985.

In April three deaths were reported after the administration of the vaccine in Rampur, U.P.. The following month, two deaths were reported from Trichur, Kerala.

In Hissar district, the vaccine that was supposed to save children turned out to be a killer in June. Of the 18 children of Patwad village who were administered the vaccine, seven developed serious complications and five died.

In September, six children in Cuddapah district of Andhra Pradesh died after being given the vaccination.

Based on reports from state governments, the health ministry has traced most of the deaths to human error leading to the contamination of the vials.

In some cases, the vials from which the vaccine was given could not be traced and the exact cause of death could not be established.

But in both Hissar and Cuddapah, the vials from which the vaccine was administered contained bacteria. The sealed vials of the same batch that were seized were in good condition. It was the bacteria that caused vomiting and diarrhoea and resulted in the deaths.

It is felt that either an unclean syringe was used to draw the vaccine from the vial or contamination occurred when the dry vaccine was dissolved before use. It is also possible that the vaccine was given from a vial that was opened and kept overnight.

Each vial has ten doses and the doctors as well as the ANMs (Auxiliary Nurse Midwives) have been told that a vial once opened has to be used the same day. The health ministry permits 50 per cent wastage of the vaccine to avert such mishaps.

No legal action is to be taken against the erring doctors and the ANMs. The cases have been closed as "operational failure at the time of administration of the vaccine."

But the states have been asked to improve the training programme of the ANMs. The quality of the immunisation programmes, which is now backed by a technology mission, is strictly related to the training of the ANMs and doctors.

Most of the ANMs are young girls and immunisation is only one of their many responsibilities.

Each ANM is responsible for a population of 5,000 in the plains and 3,000 in the hills. Though a lot of literature and guidelines on how to administer vaccines has been

prepared, it is doubtful whether the ANMs have the time or the motivation to read them. The guidelines categorically state that for each shot administered a new needle has to be used.

07310

Planning Commission Assesses Disease Control
54500092 New Delhi PATRIOT in English
19 Jan 88 p 5

[Text] According to the Planning Commission the entire approach to malaria eradication needs a fresh look in view of the higher incidence of the disease in some States besides the north eastern region, reports UNI.

In its mid-term appraisal, the Planning Commission has noted that this is necessary particularly in the context of the findings of an expert committee which made an in-depth evaluation of the programme and submitted its report to the Government.

The report points out that the total number of malaria cases had come down from 6.5 million in 1976 to 1.7 million in 1986.

It says however, that the programme is suffering from many implementation problems leading to an increase in malaria cases in some States.

The Planning Commission, in its mid-term appraisal on diseases, has observed that the annual plan targets with regard to case detection and treatment of leprosy have been fulfilled and the multi-drug approach had shown good results.

The main objective of the Leprosy Eradication Programme is early detection and domiciliary treatment of cases thus rendering infectious cases non-education in the shortest possible time and imparting health education to the people.

The new feature in this programme is the introduction of multi-drug regimen projects in the districts in a phased manner.

As for the national TB control programme, the weak link in the implementation of this programme pertains to sputum examination of cases at the primary health centre level, where only 60 per cent of the targets specified in the annual plans of 1985-86 and 1986-87 were achieved.

The mid-term appraisal has noted that there has been a shortfall of about 20 per cent relative to annual plan targets in the national programme of control of blindness. Since 1981-82, cataract operations have been accorded highest priority. The main problem the programme faces is the shortage of ophthalmic assistants and surgeons.

The Planning Commission has suggested that apart from these action is required in certain other areas not covered by national programmes.

Kala Azar is prevalent in West Bengal and Bihar with sporadic incidence in some other States. The Health Ministry has set up an expert group which recently submitted its report recommending a concrete programme of action against this killer disease.

A programme for the control of Kala Azar in the coming years, the mid-term appraisal notes.

The appraisal observers that with regard to AIDS, adequate measures are being taken to prevent this fatal disease from spreading in the country. A State-wise monitoring and surveillance mechanism has been established.

It notes that training programmes for multi-purpose workers, specialists, para-medical staff and community health officers required for the rural health programme have not made satisfactory progress.

Special efforts are required to implement programmes for reorientation of medical education and training of health workers, it adds.

07310

Progress in Indo-Soviet Program Against Malaria
54500091 Calcutta THE STATESMAN in English
18 Jan 88 p 12

[Text] Bombay, January 17—Specialists working under the Indo-Soviet long-term programme to combat malaria have developed two species of bacilli which are successfully used in different countries now, to destroy mosquito larvae, reports PTI.

This is a sequel to the joint study of malaria vectors and means of combating them on a priority basis. The study has found the biologically safe methods as very promising. To this end, the team follows twin directions—using fish which eat the larvae of mosquitoes carrying malaria vectors, and employing bacilli and microscopic fungus to destroy the larvae.

One of the main tasks of the joint research is to detect areas with the highest possible incidence of malaria. Specific proposals are being worked out depending upon local conditions. This method has been highly commended by the WHO and the Indian Government.

The programme is under the charge of Martsinovskiy All-union Research Institute of Parasitology and tropical medicine, the USSR, and the Indian Centre of Malarial Research.

One major lead in the joint programme is the use of bio-chemical methods at the molecular level for diagnosing the type of malaria resistant to medicines. The malaria pathogens have the ability to get used to the medicines easily and medicine-resistant strains appear quickly. Besides, it is difficult to detect them by traditional methods. The joint team has found a new method of testing blood.

07310

New Anti-Rabies Compound Developed in Delhi Lab

54500095 *New Delhi PATRIOT in English*
20 Jan 88 p 5

[Text] A new compound, a single dose of which is effective in treatment of rabies in mice, has been identified by scientists at the National Institute of Communicable Diseases (NICD) in the Capital, reports PTI.

The Compound, Scopolamine Hydrobromide, is also likely to be effective in treating persons bitten by rabid dogs and cats, Dr U.V.S. Rana of the NICD and his colleague, Dr U.V. Singh, say in a report published in a recent issue of the international journal of Animal Science.

The Compound is very cheap compared to the Anti-Rabies Vaccine being used at present. Anti-Rabies Vaccination is painful and must be taken for 14 days.

In their studies, the researchers infected 1,000 mice with a virulent strain on the street rabies virus. Eight hundred of these were injected with Scopolamine Hydrobromide intramuscularly, while 200 were untreated and kept as 'controls'.

By the 60th day, all the 200 untreated 'control' mice died, while 800 mice which were injected with the compound survived.

Rabies, which causes inflammation of the central nervous system comprising the brain and the spinal cord, is fatal, both in man and animals.

Scopolamine Hydrobromide inactivates the rabies virus and prevents it from entering the central nervous system, the researchers found.

The main sources of infection in man are bites by rabid dogs and cats. In India, almost 95 percent of persons undergoing anti-rabies treatment are those who have been bitten by dogs.

It is estimated that more than 25,000 persons die of rabies every year in India.

07310

Lepers at Temple Spread Disease to Healthy

54500087a *Bombay THE TIMES OF INDIA in English*
4 Jan 88 p 4

[Text] Konarak, 3 January (PTI)—The Sun Temple here, where as the story goes that 'Samba' the son of lord Krishna got cured of leprosy by worshipping the sun god, is these days spreading the disease in its neighbouring localities.

The 13th century edifice is now infested with lepers who are taking the virus to the healthy, according to a recent survey by the "Society for Leprosy Amelioration and Rehabilitation" (SOLAR), a voluntary organisation which was set up here in 1985. The dreaded disease is fast spreading among the poor people of the surrounding villages. Thirty one fresh cases of leprosy were detected during the survey.

While the government report says that about 1 percent of the population in this coastal area are suffering from leprosy, the SOLAR survey puts the figure at 3 percent.

The survey said that the disease was riding on the poor civic sense of the people, shortage of drinking water and absence of drainage facilities in the area. The medical benefits, extended by the government, were inadequate and not reaching the patients in time.

Many patients who were in a preliminary stage of the disease with chance of total cure concealed their affliction due to the social stigma. Instead of calling on doctors they depended on religious rituals and visiting quacks, it said.

The survey said family members of patients either rejected the lepers or use them as sources of income. Even some cured patients instead of going back to their homes continued to beg to eke out a living.

A few of them with small bank balances preferred to stay among fellow lepers at Konarak only to become victims of the disease again.

The number of lepers increased substantially during festivals like "Magha Saptami" and "Rath Yatra."

The survey said a rehabilitation scheme, launched by the district labour office, did not fructify due to non-cooperation by the lepers.

The SOLAR volunteers are, however, trying to create awareness among the people and patients through group discussions, exhibitions and film shows. Local clubs and women's organisations are also taking part.

/12913

Center Gives Statistics on Waterborne Diseases

54500090 Calcutta THE STATESMAN in English
14 Jan 88 p 4

[Text] Lucknow, January 13—About four million children die every year from waterborne diseases in the country a study has revealed, reports UNI.

According to a report of the Industrial Toxicology Research Centre here, about 8,000 cases of cholera, one million cases of gastro-enteritis and seven million cases of dysentery were reported annually.

The principal waterborne bacterial, viral and parasitic diseases, responsible for the high infant and child mortality rate were cholera, dysentery, gastro-enteritis, diarrhoea, jaundice, typhoid, hepatitis, poliomyelitis and guinea-worm disease, the report said.

Waterborne diseases occurred mainly because of contaminated water. Non-availability of safe potable water being a major problem it posed a great health risk to the people.

A study conducted by the scientists of the Industrial Toxicology Research Centre, which covered safety assessment in four problem districts of Mirzapur in Uttar Pradesh, Bankura in West Bengal, Aizawl in Mizoram and West Khasi Hill in Meghalaya, having a total population of 44 lakh revealed that only 34,000 of the total population were getting both chemically and bacterially safe water.

The study found bacterial contamination in a large number of the samples. Though the percentage of chemically unsafe water was small, the bacterial contamination in water samples was more in the hilly regions, the report added.

The ITRC director said that the study report had been sent to the Centre and the district authorities concerned for initiating necessary remedial measures.

07310

Killer Disease Found in Imported Race Horses

54500094 Madras THE HINDU in English
14 Jan 88 p 7

[Text] The medical and veterinary science section of the Indian Science Congress has reported positive equine infectious anaemia virus (EIAV) in 11 cases of imported race horses. The sectional committee has called for immediate tests to eliminate the foci of infection as India is free from this disease.

EIAV is lentivirus, one of the different forms of retroviruses under which the AIDS virus is also classified. It causes the equine infectious anaemia (EIA), a persistent infection of the horses, causing recurring disease with respect to clinical signs and lesions.

Animal lentiviruses are included in the livestock emergency diseases by the Food and Agricultural Organisation (FAO) and require international regulations for prevention and control in the areas free from lentivirus-generated diseases in the world.

According to Dr C.M. Singh, who delivered the platinum jubilee lecture of the medical science section, two Indian scientists, Dr P.K. Uppal and Dr M.P. Yadav, have detected 11 cases showing clinical symptoms of EIA. The sera of the horses showed positive results with standard tests for the disease. A scientist, Dr Srinivas, has referred to the situation as the "killer disease having arrived in India."

More complex: The genetic organisation of the genome of the AIDS virus, the human immuno-deficiency virus (HIV), is more complex than the other lentiviruses but has been found to be shared by lentiviruses like EIAV. Dr Luc Montagnier, the discoverer of the HIV, has shown that the EIAV and a new type of retrovirus isolated from patients having lymphadenopathy and AIDS are morphologically very close to each other. For instance, the protein, P-25 of the human isolate can be extracted from the sera of horses infected with the EIAV. Much like the HIV, the EIAV has also been found to change its genetic structure very rapidly.

In nature, the EIA is believed to be a horizontally transmitted disease, through blood-sucking insects. Certain types of horseflies are supposed to be the main carriers but other species of blood-sucking type including the anopheline mosquitoes too have been found to transmit the disease. Because of the rapidly developing virus variants, there are no vaccines for preventing the disease. Once infected, the horse may harbour the infection life long. Given the non-availability of an effective vaccine, it is recommended that the EIAV-infected horses be eliminated.

Government not aware: A related incident of horse infection has come to light in Pune. Horses in a breeding farm owned by an Arab sheikh at Talegaon, 60 km from here were found to be affected by some disease and a specialist from Dubai took sera samples for analysis in a U.S. laboratory. The laboratory seems to have informed some Indian medical scientists that the horses had shown positive results for a variant of the encephalitic virus. No details are known, and the Government seems to be unaware of the fact.

The danger and importance of lentivirus infection in animals stems from the possible origins of the AIDS virus through the animal route, as maintained by some model hypotheses. The need for safeguards against animal lentiviruses like the EIAV and the canine arthritis encephalitis virus (CAEV), which are related to the HIV, was stressed by Dr Singh in his address. He called for stricter controls in importing animals from the developed countries where the lentivirus infections are prevalent.

07310

Mystery Disease Hits Bihar Paddy Crop
54500089a Calcutta *THE TELEGRAPH* in English
24 Dec 87 p 5

[Text] Patna, 23 December—At least one-tenth of the paddy crop in Bihar, one of the three major rice producing states in India, has been destroyed due to a "mysterious disease." This will lead to a major shortfall in the state's kharif production target of 55 lakh tonnes.

The state government, which is yet to make an assessment of the damage, is of late considering banning supply and use of two high-yielding seeds, IR-8 and Sita, from the next season, because they were being used in the affected areas.

The agriculture minister, Mr Laltan Chowdhury, has also instructed the agriculture director, Mr D.N. Ram, to ensure that in future only tested seeds are supplied through government agencies.

The "mysterious disease" came to light as complaints started pouring into the state capital about the damage to the paddy crop. The affected districts are Bhojpur, Rohtas, Patna, Nalanda, Aurangabad and Gaya in the order of damage. Of the five million hectares under paddy cultivation in the state, six lakh hectares are in Bhojpur and Rohtas, the two worst affected districts.

The Bihar state seed corporation, a government agency, was the sole supplier to these areas, while the fertiliser, produced in a Rae Bareilly factory, was supplied through the notorious Bihar State Cooperative Marketing Union.

The government, after initially denying existence of any such disease, said migratory locusts from Andhra Pradesh and Orissa had done "nominal damage" to the crop and not to the extent the farmers claimed. However, the agriculture minister had to concede the damage after representatives from the districts met on Sunday and apprised him of the nature and value of the damaged crop. They also submitted a list of people, including some Congress (I) leaders, whose crop had been damaged.

They claimed that even the crop in a 200-acre farm of the Bihar government, located in one of these districts, had been damaged and no locusts were seen there.

Meanwhile, the Bihar Khetihar Mazdoor Samity is thinking of approaching the state government for compensation for the damage because only crop produced from seeds supplied by the government have been damaged.

/12913

SRI LANKA

Official Talks About Brain Disease 'Epidemic'
54004708 Kathmandu *THE RISING NEPAL* in English
17 Jan 88 p 4

[Article by Mallika Wanigasundara]

[Text] Dozens of children in Sri Lanka, most of them four to twelve year-old refugees, have died in an epidemic of a killer brain disease. They had fled from the troubles in the north of the island, where Indian forces are attempting to contain Tamil separatists.

Japanese encephalitis is a killer viral disease which often leaves disabling residual brain, nerve and muscle damage amongst those who recover. In Sri Lanka, patients come mainly from the north central province and from Trincomalee in the east.

No Known Cure

Health officials have said that there is no known medical treatment for the disease except prolonged rest. People who have recovered from childhood infections of the virus acquire immunity.

At Anuradhapura hospital, which deals with the greatest numbers of encephalitis cases, a special unit has been set up to investigate the disease. Special wards have been set aside to cope with patients and extra doctors and nursing staff are being recruited and trained.

Throughout the region public health officials have stepped up the spraying of vulnerable areas with insecticides, primarily malathion, to kill the mosquitoes which transmit the disease-causing virus.

In 1986, Dr Tissa Vitharane, Director of Sri Lanka's Medical Research Institute, warned that unless effective steps were taken to control mosquitoes the Mahaweli development scheme would pose a major health problem.

The Mahaweli Development Programme is an ambitious economic development scheme involving irrigation, agriculture and hydropower generation. It is taking place in Sri Lanka's dry zone which is in the North Central region of the island. The Programme covers 39 percent of the whole island, 55 percent of the dry zone and 60 percent of the undeveloped land surface.

Earlier this year a team of medical researchers from the University of Peradeniya, near Kandy, warned that there was a likelihood of an outbreak of four kinds of mosquito-borne disease; Japanese encephalitis, malaria, filariasis and dengue fever, in the newly-settled areas of the Mahaweli scheme.

The team has been studying the adult behaviour and breeding habits of the mosquitoes for over three years before and after the settlement of people in the irrigated areas under the Mahaweli project.

Dr F.P. Amerasinghe, who heads the team, recently told a meeting of the Institute of Fundamental Studies that the mosquito which carries the Japanese encephalitis virus has trebled its density in the last eighteen months.

In the last few years there has been a marked increase of Japanese encephalitis occurring in Sri Lanka. According to Dr Vitharane the island used to have around four hundred cases per year, but since 1980 the figure has more than doubled.

In 1985 there was a very serious epidemic in the agricultural areas of the North Central and North Western provinces. At the height of the epidemic at least fifty people died and as many as one hundred fifty people were hospitalised in the Anuradhapura hospital alone.

The Peradeniya university study also found that the mosquito which spreads dengue fever has been breeding profusely and adapting itself to the changing environment in the newly-settled areas.

The filariasis mosquito too has been invading these areas from the surrounding countryside. Yet the biggest threat is from the possible resurgence of malaria which was almost wiped out in the 1960s and 1970s.

Resettlement Scheme

Well over one hundred thirty thousand families should benefit from the agricultural resettlement scheme being operated as part of the main Mahaweli Programme, with each family due to receive two and a half acres of cultivable land. Yet many of the people being resettled have not been exposed to the encephalitis virus, and have therefore not developed immunity.

Furthermore, the tension in the northern regions of the island have led to a curtailment in spraying activities, and, according to some medical experts, the increased

stress facing many inhabitants has led to a further lowering in resistance to the disease, especially amongst those people resettled—PANOS.

07310

Rinderpest Said Under Control

54004709 Colombo *THE ISLAND in English*
22 Jan 88 p 3

[Text] A cattle disease with clinical symptoms resembling symptoms of Rinderpest (Cattle Plague) was reported from the village of Urani in the Batticaloa District on December 7, last year. Rinderpest was eradicated from this country in 1946. In view of this, prompt action was taken by the Department of Animal Production and Health to proclaim the area as infected, under the provisions of the Contagious Diseases (Animals) Ordinance. These provisions prohibit the movement of animals and also empowers the local Veterinary Officers to dispose of carcasses appropriately.

A press release of the Ministry of Rural Industrial Development states, action was also taken to destroy all affected and in-contact animals after the payment of compensation. These activities were coordinated through the GA, Batticaloa.

Also, suitable specimens from infected animals were sent for laboratory confirmation to the Indian Veterinary Research Institute and the Animal Virus Laboratory in UK. Both these institutes have confirmed the disease as Rinderpest.

Meanwhile action was taken to obtain Rinderpest Vaccine. Already 20,000 doses have been received as a gift from the Animal Production and Health Commission for South Asia and Pacific and a further 50,000 doses have been obtained by the Department. This Vaccine is already in use and all cattle and buffaloes in villages around the focus of infection have already been immunised. The immunisation programme is continuing and an order for a further 200,000 doses of Rinderpest Vaccine has also been placed.

/06662

Ministry of Health Response to AIDS Questions
54001011 Moscow KOMSOMOLSKAYA PRAVDA in Russian 23 Jan 88 p 2

[Unattributed article: "Still More about AIDS"]

On October 28, our newspaper published an assortment of readers' letters under the headline "Still More about AIDS." Questions were asked regarding what steps the USSR Ministry of Health is planning to take to avoid the spread of this terrible disease in our country. Recently, the editorial staff received a response signed by the USSR deputy minister of health, A. I. Kondrusev. Here is what was announced: Beginning in 1985, the USSR Ministry of Health has been looking intently at the AIDS problem, the strengthening of preparedness and the prevention of the ingress and spread of the disease in the USSR. A system of epidemiological surveillance and examination of donors and certain groups of people, including foreign citizens and Soviet citizens who have been in countries with an unfavorable AIDS situation has been developed. To achieve these goals, a wide network of AIDS diagnostic laboratories (112 laboratories in 105 cities) is being developed. Testing for AIDS in these laboratories is being done using a domestic test system, the production of which began at the end of 1986 and was expanded in 1987. Centers for anonymous AIDS testing are operating in Moscow, Leningrad, Kiev, Minsk, and Riga. In order to preserve the health of the population and prevent infection by the AIDS virus in the USSR, on August 25, 1987, the Presidium of the USSR Supreme Soviet passed the decree "On Measures for Prevention of Infection by the AIDS Virus". The USSR Ministry of Health issued "Regulations for Medical Examination for Infection by the AIDS Virus" on the basis of this decree. Within the framework of forming a healthy lifestyle of the population and for the activation of propaganda on sanitary-hygienic knowledge regarding AIDS prevention among the rising generation, the USSR Ministry of Health jointly with the USSR Ministry of Higher Education, the USSR Ministry of Education and the USSR State Committee for Professional and Technical Education sent the directive "On Propaganda among the Rising Generation of Sanitary-Hygienic Knowledge Regarding Prevention of Acquired Immune Deficiency Syndrome" to the localities. It stipulates a broad cycle of lectures and meetings and also includes principles of AIDS prevention in biology, ethics and psychology of family life courses (in school and professional technical schools) and in courses on public discipline in technical colleges and higher educational

institutions. The USSR Ministry of Health has repeatedly presented the problem of producing disposable syringes for medical practice to the corresponding ministries and departments. At the present time, according to the proposal of the USSR Ministry of Health, a governmental resolution has been adopted for accelerating the development of the production of the required number of these syringes for public health needs. The production volume in 1988 is 100 million syringes. The basic producers are enterprises of Minmedbioprom.

AIDS Diagnostic Laboratory Opened in Tashkent
Tashkent PRAVDA VOSTOKA in Russian 21 Nov 87 p 4

[Uzbek Telegraph Agency: "First Steps against AIDS"]

[Excerpt] A laboratory for the diagnosis of AIDS was opened at the Scientific Research Institute of Hematology and Blood Transfusion, Ministry of Health of the Uzbek SSR. It is supplied with the necessary equipment. Medical personnel are implementing a complex program on the development of optimal methods of diagnosis, therapy and prevention of this viral disease. Although there have been no cases of AIDS observed in the republic, screening of all blood banks and donors has begun.

Soviet-Finnish Cooperation in AIDS Vaccine Development
54001010 Tashkent PRAVDA VOSTOKA in Russian 25 Nov 87 p 3

[Uzbek Telegraph Agency: "In the Battle with AIDS"]

[Text] Soviet and Finnish researchers made arrangements to combine efforts in creating effective treatments for AIDS during the course of the All-Union Conference of Immunologists held in Tashkent. Leading specialists from other countries also participated in the meeting. "Finnish researchers have achieved considerable success in obtaining individual portions of a protein from the AIDS virus using genetic engineering methods," said R. M. Khaitov, first deputy director of the Institute of Immunology, Academy of Medical Sciences (Moscow). "And effective synthetic immunostimulators have been developed in the Soviet Union. We decided to jointly create a preparation combining a portion of a viral protein and a stimulator. If we succeed in doing this, we could create the means for successful immunization against the AIDS virus."

DENMARK

Denmark Still One of Countries Hardest Hit by AIDS Epidemic

54002424a Copenhagen BERLINGSKE TIDENDE in Danish 18 Nov 87 p 10

[Article by Henning Ziebe: "New Method Will Reveal AIDS"]

[Text] As of 1 November, 209 cases of AIDS had been diagnosed in Denmark since 1980. Half these patients have died. This means that Denmark is still one of the countries in Europe hardest hit by AIDS and the authorities now want to introduce new methods for evaluating the spread of the infection among the populace.

A better knowledge of the spread of the disease will be needed to plan for the care and treatment of patients in the coming years. Since it is often a matter of years between infection with the HIV virus and the development of AIDS, the number of AIDS patients does not indicate the spread of the infection among the entire population. Instead, information can be obtained from people who come in to be tested for the AIDS virus. This can provide knowledge concerning the spread of the AIDS infection among certain segments of society and among the populace as a whole.

Consequently, during two or three 14-day periods each year, researchers want to send out questionnaires from various laboratories when these labs return test results indicating whether or not the AIDS antibody was found in blood samples. Test results will be sent to the patient's doctor along with an anonymous questionnaire. The patient would then be asked to respond to the questions, regardless of whether the test results were positive or negative.

09336

Minister: Physicians Have Right to Notify AIDS Victim's Partner

54002424b Copenhagen BERLINGSKE TIDENDE in Danish 28 Nov 87 p 5

[Article by Johnny Hundt: "Doctors Can Break Professional Secrecy"]

[Text] Health Minister Agnete Laustsen (Conservative) said that a doctor both could and should inform the sexual partner of a patient infected with AIDS.

"Doctors have a right to violate their professional secrecy if they believe there is a risk that others could become infected. They have a duty to do so," said Health Minister Agnete Laustsen, thereby tightening the position of the Board of Health on a doctor's oath of professional secrecy.

"Of course, a doctor should not take out an ad in the newspaper, but the sexual partner should be informed of the disease by the physician. The health minister's remarks were prompted by proposed legislation presented by the Progressive Party. The bill would incorporate AIDS into the law on venereal diseases.

Agnete Laustsen did not wish to comment on specific cases. One doctor has raised the following question: Is a doctor obligated to inform a relative of an AIDS patient, regardless of the patient's own wishes?

"This matter is not completely clear but, in principle, a doctor has the duty to inform the sexual partner of the patient, with or without the consent of the AIDS patient himself," Health Minister Agnete Laustsen said.

09336

Dramatic Drop in Syphilis Cases Among Males Reported

54002424d Copenhagen BERLINGSKE TIDENDE in Danish 9 Nov 87 p 9

[Article by Henning Ziebe: "Dramatic Drop in Syphilis Among Men"]

[Text] The number of syphilis cases among men has dropped dramatically from just under 500 cases in 1982 to about 50 cases in 1987. This is the lowest incidence in 30 years and it is due primarily to changed sexual practices among homosexual men as a result of the AIDS scare.

Reports from the State Serum Institute show that the number of syphilis cases dropped after World War II and reached its lowest level during the late fifties. The freer sexual standards that developed beginning in about 1960 caused the figure to rise once again. The rise was also influenced by the baby boom, however.

Since the early sixties, syphilis has been far more widespread among men than among women. This is blamed on a higher incidence among homosexual men.

After 1982, coinciding with the first fear of the AIDS infection, syphilis cases dropped sharply. The expected number of cases in 1987 is about 80, 50 of which will be men. The statistics show that repeated infections, which are most common among homosexual men, have dropped sharply. The fact that there were once 10 times as many cases among men than women, as compared to only twice as many cases now, also shows that there has been a change in sexual practices.

It has been found that the number of syphilis cases among men in Copenhagen has dropped by a factor of 25, while the number of repeated infections has been cut in half.

Changed sexual habits among homosexual men has probably reduced the spread of AIDS virus HIV, as well. It is impossible to say to what extent heterosexuals in high risk groups have changed their habits, however.

Dr Nils Strandberg Pedersen of the State Serum Institute warns against letting up in the battle against the more common sexually transmitted diseases, even though the AIDS campaign has had an effect on them, as well. In Greenland, for example, the frequency of syphilis is now 700 times higher than in Denmark and in the United States a 25-percent increase is expected this year, compared to last year's figure. This may be a result of neglect in treating syphilis or it could signal a return to risky sexual practices.

Here in Denmark we may see only indirectly that the spread of HIV has slowed down, i.e. by observing the incidence of venereal diseases. Negotiations are now under way with the ethics councils for permission to conduct anonymous blood tests in order to measure directly the presence of HIV antibodies in large sectors of the population.

09336

Law on Venereal Diseases to Disappear from Books

54002424c Copenhagen *BERLINGSKE TIDENDE* in Danish 28 Nov 87 p 5

[Article by Johnny Hundt: "Law on Venereal Diseases Dropped"]

[Text] Antiquated and ineffectual—this is how the Social Democratic Party (S), the Socialist People's Party (SF), and the Radical Liberal Party (RV) describe the law on venereal diseases. SF is proposing the elimination of this law. The law on physicians and the criminal code provide a sufficient legal foundation for the continuing battle against venereal disease, they say.

The law on venereal diseases, first introduced in 1947, is on its way out of the Danish law books. The Social Democrats, SF, and the Radical Liberal Party discovered yesterday that the three parties share the same view of the law, namely that it is antiquated, ineffectual, and superfluous.

What began as the first reading of a bill presented by the Progressive Party that would let AIDS be included in the law on venereal diseases ended as a harsh criticism of the existing law that is designed to combat venereal disease.

S, SF, and RV point out that there has been no obligatory disclosure for patients with venereal disease since 1973, that the possibility of punishing anyone who knowingly transmits a venereal disease already exists in the general criminal code, and that free treatment is already guaranteed in the law regulating physicians.

As a result of this criticism, party spokesmen on health issues for the Social Democrats, SF, and SV agreed that they would vote to drop the law from the books.

"We can combat AIDS and venereal diseases only through education and not by resorting to punishment. The campaign to make people protect themselves as well as possible against AIDS has also caused the incidence of venereal disease to drop and it is continuing to drop for the first time in many years," said Social Democratic spokesman Torben Lund.

This view was also supported by Asbjorn Agerschou (SF).

"AIDS does not belong in the law on venereal diseases which, in reality, is not an effective law. The spread of venereal disease has nothing to do with legislation," said the SF spokesman on health issues.

To the surprise of SF, RV spokesman Dagmar Mork Jense then stepped to the rostrum and gave his party's support for repealing the law on venereal diseases. Thus, there is a clear majority for a bill that Asbjorn Agerschou presented to parliament yesterday.

After the meeting in parliament, Agnete Laustsen did not wish to discuss the fact that a majority in parliament now wants to abolish the law on combatting venereal diseases.

The incidence of venereal disease has dropped from 11,228 in 1980 to 8,000 cases last year.

09336

FEDERAL REPUBLIC OF GERMANY

Health Ministers Review End-of-Year AIDS Status in FRG

Cases More Than Doubled

54002442 Bonn *DIE WELT* in German 31 Dec 1987 p 1

[Article by Ralph Lorenz: "The Number of AIDS Cases Has More Than Doubled: 1,677 'Confirmed Cases,' But Fewer Cases of New Infection Recorded"]

[Text] Bonn—The number of cases of AIDS in the FRG, including West Berlin, has more than doubled. The Federal Health Department in Berlin lists 1,677 "confirmed cases." This means that 904 new AIDS cases were added in the past year. So far 725 people have died of the disease. *DIE WELT* was given these newest figures (as of 30 December 1987) by the designated head of the National AIDS Center at the Federal Health Department in Berlin, Prof Meinrad Koch.

According to Koch, approximately 10 percent of AIDS cases were not so diagnosed. In the case of those infected with HIV, the Health Department has to rely on estimates. AIDS researcher Meinrad Koch starts from a figure of "30,000 to 100,000 cases of infection." Since 1 January 1982, cases of AIDS in the FRG have been included in their "complete form." Koch pointed out in a conversation with DIE WELT that in the new year "larger sample investigations are planned to find out the actual number of those infected."

In the EGR, according to WHO reports, only four cases of AIDS have come to light. But here too about 100 cases of infection should be assumed. The Berlin AIDS expert warned against deducing from the doubling of AIDS cases that the number of those infected had gone up in the same way. Koch told DIE WELT: "That is very clearly not the case. We notice in our counseling offices that we are discovering only a few new cases of infection."

He said that if there is any visible trend, it is that the number of new cases has turned out to be significantly lower than expected. The educational campaign by Federal Health Minister Rita Suessmuth has certainly made a significant contribution to this somewhat more promising development. But he said that we must not forget that in the interval the high-risk group of homosexual men has changed its sexual behavior. More than 70 percent of known AIDS cases belong to this group.

On the question of AIDS infection through blood transfusions with tainted donor blood, he said that only a single case had come to light in the past year. The risk of being infected through a blood transfusion was in the region of "a million to one." Berlin is the leader among large cities, with 340 AIDS victims; next come Munich (193) and Frankfurt (167). Koch does not believe that public order measures are effective. He considers appeals to individual responsibility the best approach.

The Secretary of State for the Bavarian Interior Ministry, Gauweiler, sees the figures as the "confirmation of our worst fears. If the infection continues to spread as it has been doing, the hallways in our hospitals won't be enough by the nineties."

Numbers Confirm Fears

54002442 Bonn DIE WELT in German
31 Dec 1987 p 8

[Article by Joachim Neander: "'AIDS Numbers Confirm Fears'"]

[Text] Bonn—The Secretary of State for the Bavarian Interior Ministry, Peter Gauweiler, sees the newest figures on AIDS cases as a "confirmation of our worst fears." The CSU politician told DIE WELT: "When we said that the numbers would double in 12 months, it was called pessimism. Now they have more than doubled."

Gauweiler points out that with an incubation period of 7 to 10 years, the number of new cases reflects the number of those infected in the years 1977-1980. In the Bundestag's commission of inquiry on AIDS it was reported that the disease can be transmitted not only in the case of torn mucous membrane, but also when the membrane is intact. Gauweiler reports that "those present turned pale with horror."

The current estimated total of about 150,000 cases would become the patients of 1995. Gauweiler states: "It makes you feel really sick when you hear the politicians talking about the need for a reduction in hospital beds. If the infection continues to spread as it has up till now, the hallways of our hospitals won't be enough. And to think of the childish discussions which we will have to hold about whether we are permitted even to place a ban on the activities of an infected prostitute! By next year the number of those who have died from AIDS in the U.S.A. will probably be higher for the first time than the number of those who died in Vietnam." The CDU would have to begin with its own ranks in producing the necessary readjustment of thinking: "How am I going to convince a Green, someone programmatically bound to have an adversarial relationship to the state and its prescriptions, of the necessity for official preventative measures, if the conservative, bourgeois CDU rejects them with fury through its leading representatives? We are not even requesting a comprehensive screening of the population, although this would certainly be useful for long-term planning. But we ought to be testing as many population groups as possible, people who have to go to the doctor already, who are giving blood samples already. The theme of our educational plan is 'making ignorant people knowledgeable.' And only someone who knows that he is infected can protect himself and others."

09337

Editorial Attacks Cheating on AIDS Statistics
54002439 Frankfurt FRANKFURTER ALLGEMEINE
in German 7 Jan p 1

[Editorial by Georg Paul Hefty, "No More Cheating"]

[Text] The statistics on AIDS cases keep sounding more and more precise; but are they also getting nearer to reality? 1,677 "confirmed cases" were known to the Federal Health Department at the end of the year, about 900 more than in the previous year. In spite of the requirement introduced in the spring that laboratories report cases of HIV infection, the head of the "National AIDS Center" estimates that the number of AIDS victims (as in the previous year) was "30,000 to 100,000"—18,000 cases of infection have been unofficially reported. And under present conditions he will never know anything more exact, for serious cheating in AIDS reporting has now begun.

For 2 years doctors have been trained at great expense to recognize the symptoms of an active infection with the AIDS virus. If there is any reason for suspicion, the doctors suggest an HIV antibody test to the patient. But if he refuses and denies any possibility of risk, this case does not exist statistically—the doctors have been sufficiently cowed by politicians and lawyers: none of them is bold enough to take blood for test purposes without the patient's consent. At most, particularly courageous private doctors manage to direct a patient who feels ill to a hospital.

But even in hospital no HIV test is given—the chief public prosecutors have made sure of that. Nevertheless the obvious symptoms which point to AIDS are established, such as "pneumocystis carinii pneumonia" or "loss of intelligence." Then the patient is sent home, and it is recommended that his personal physician prescribe the appropriate medication, Retrovir. But in the case history, if one is even sent in by the overburdened specialists, there is no notation "HIV-positive" or "AIDS."

Such a statement, often decried by psychologizing politicians as unjustifiable stigmatization, is only permitted when the patient sees the need for it or is in the last stages of the disease. Until that point, neither the Federal Health Department nor the official statistics know anything about an obvious AIDS case.

If this patient is bisexual, it may be assumed that not only his male partners are or will be infected, but also his female partner, who will deny the risk and therefore the necessity for testing just as much as he will; an unambiguous warning from the physician is illegal. The female will also not limit her sexual activities as long as she feels healthy. But all that time she can further the spread of the infection, from ignorance or carelessness.

The answer to all this in the West German plan is "enlightenment." But what hint is there that information is any more effective in this case than the constant warnings about alcohol and driving? All the speeches intended as comfort, stating that the number of new infections has gone down, give the false impression that there was any time at which the rate of infection was known. But the estimates of the National AIDS Center prove that neither that center nor the Federal Health Department and thus the Federal government or individual governments of the Laender know any of the AIDS parameters with certainty. Since it should be assumed in their favor that they do not desire to ignore such numbers and numerical relationships, and that they are aware of their responsibility to the healthy, the infected and the sick, a new path in anti-AIDS policy must be taken.

No matter at what stage we are able to demonstrate its existence, AIDS is a dangerous disease with a very high mortality rate, for which the concepts set down in paragraph 1 of the Federal Epidemic Law apply. There is

also no doubt that the definition of paragraph 2 applies to those infected with HIV. Then what reason is there for not including HIV infection in the Federal Epidemic Law or creating a special AIDS law with which parliament could make its AIDS policy binding? The argument that injunctions against patients could be equivalent to a "lifelong ban on sex" must be balanced by the interests of those who are (still) healthy in not becoming infected. Since an anonymous requirement for laboratory reporting is only effective in conjunction with a serial investigation, numbers which are at least approximately accurate must be obtained in some other way.

If testing continues to be voluntary, reports which are identity-linked are necessary to gain a clear perspective. Data protection could be satisfied by going back to the good old filing card system, which can't be decoded or tapped. In the case of "suspicion of illness, infection or death" (drawing on paragraph 3 of the Federal Epidemic Law), however, it should not be possible to refuse the test.

Only on this basis is there any use in discussing the question of isolation, which is particularly debatable at this moment. Only a review of the number of those infected patients for whom the capacity for insight into their particular responsibility cannot be assumed or who even display their lack of understanding permits a generally acceptable decision about which injunctions should be issued against them. When enlightenment persistently falls short, the integrity of the healthy is to be given precedence over the sexual self-determination of carriers of the AIDS virus and over the willingness of certain healthy people to accept the risk—for the damage affects everybody.

09337

Bavarian AIDS Foundation Explores Care, Education Strategies
54002446 Munich SUEDEDEUTSCHE ZEITUNG in German 5 Jan 88 p 17

[Article by Hans Holzhaider: "AIDS Foundation with Its Own Advisory Board"]

[Text] Munich—The Bavarian AIDS Foundation is planning to pursue its AIDS information program with the help of a group of experts of its own. Franz Moedl, the Foundation's vice chairman, introduced the members of the group in Munich on 4 January. It includes several members of the scientific advisory board of the Bavarian state government, among them Professors Otto Braun-Falco and Friedrich Deinhardt.

The Foundation, Moedl noted, already agreed on an AIDS counseling plan of its own last November and not merely in response to the subsequent appointment of Swedish physician Michael Koch by the Bavarian interior ministry. Moedl called the Foundation's AIDS counseling program a "positive step" not meant "to compete

with anyone else's efforts." But Wolfgang Schramm, known for his research work on HIV infections among hemophiliacs, conceded that the Foundation's information program will be "somewhat different" from that of the Swedish medical expert. Deinhardt added that the Foundation is giving priority to providing information, education and assistance to those suffering from the disease while "the other side" is placing its primary emphasis on "regulatory measures."

Draft for an AIDS Law

The Interior Ministry is paying Koch an annual salary of about DM 100,000 and has given him the job of coordinating the AIDS information campaign of the Bavarian public health offices. The AIDS Foundation, on the other hand, intends to reach specific interest groups such as doctors, teachers and parents as well as the general public. The Foundation hopes to secure the help of the Health Insurance Association and the Association of Public Health Service Physicians in its efforts. All the experts, Moedl said, will volunteer their services and will only be reimbursed for their travel expenses. Schramm referred to the experts as "the best we have to offer on this subject."

The Bavarian AIDS Foundation whose primary source of funding comes from benefit events has drafted an AIDS law that will be submitted to the various parliamentary caucuses of the Bundestag. Such legislation, it was pointed out, must contain specific provisions for dealing with "refractory" AIDS sufferers. "Obligatory therapy" administered in a qualified institution but not in a detention facility or prison would be called for in such cases.

Karl Hillermeier, Bavaria's minister for social affairs, suggested on 4 January that AIDS patients be treated in hospitals open to the public and not in special AIDS clinics. "Some kind of quarantine would have to be devised for the albeit very small group of irresponsible individuals," he said, adding that the last word has certainly not been spoken as to how this might be done. Hillermeier noted that his own responsibilities have not been affected by the Koch appointment. If the interior ministry feels the need for an adviser to help discharge its limited responsibilities in the AIDS field, i.e. those involving the public health offices, then it has every right to do so. From a purely theoretical point of view, Hillermeier said, he, too, would be in a position to appoint someone to coordinate the efforts of his ministry.

The Bavarian Greens have called Koch a "political desperado" who is totally unqualified in health policy terms. Eberhard Bueb, the spokesman of the Greens presidium, termed Koch's suggestion to intern drug addicts infected with the AIDS virus a "violation of the most fundamental human rights."

FRANCE

New Anti-AIDS Mesures Announced

54002445 Paris LE MONDE in French 21 Jan 88 p 1,11

[Article by Frank Nouchi]

[Text] During the 20 January council of ministers, Mrs Michele Barzach, deputy minister of Health and Family Affairs, presented a report on her anti-AIDS mesures. She announced the creation of 11 new pilot care centers and various other mesures to intensify the fight against this disease. France will allocate 930 million francs in 1988 to this fight, a sum justified by gloomy forecasts: in 1989, AIDS patients will number 10,000 to 15,000.

As of 31 December, 1987, 3,073 confirmed AIDS cases were counted in France. Forty-five percent of these "sideens" (AIDS-afflicted individuals), as Mrs Barzach referred to them, are already deceased. Given what is known about the incubation period of the disease, the number of afflicted patients will continue to grow during the next 4 years. They will number 10,000 to 15,000 in 1989, according to the minister.

As for seropositive individuals, infected with the virus but free of any symptoms of the disease, Mrs Barzach confirmed that they currently number between 150,000 and 250,000.

In 1988, France will spend 930 million francs in the fight against AIDS: 760 million in health insurance costs and 170 million for state funding of research, prevention and international cooperation. "We must pursue this effort in the next few years," Mrs Barzach declared.

The health minister reviewed the broad outlines of measures she undertook in 1987: recognition of the state's jurisdiction in the fight against AIDS as defined by the 30 July 1987 law; establishment of mandatory and anonymous status for confirmed AIDS cases; widespread blood-testing; initiation of systematic blood-testing for all organ and sperm donors; public education drives, particularly via radio broadcasts; establishment of 11 information and care centers; authorization to market an anti-viral medication, AZT; a French-American cooperation agreement, putting an end to the quarrel between the Pasteur Institute and American health officials; authorization for condom manufacturers to advertise their product and establishment of a quality control system for condoms; and the unrestricted sale of syringes.

According to Mrs Barzach, these mesures have had "very positive" effects. As proof, she cites the tripling in the number of ELISA tests sold in 1987 (2,300,000, compared to 800,000 in 1986), the 38 percent increase in the number of condoms sold in pharmacies in one year, and the continued growth in activity of blood-testing centers.

The decree establishing the creation of anonymous, free blood-testing centers in each department was published Wednesday, 20 January, in the JOURNAL OFFICIEL.

During this same ministerial council, Mrs Barzach announced a series of new measures: during the next few weeks, letters will be mailed to all French physicians, drawing their attention to "the essential role the physician must play in the network set up detection of the disease."

Moreover, 11 new reference, information and care centers are going to be created: one in the Paris region (grouping together the Antoine-Becclere, Bicetre and Henri-Mondor hospitals), eight in the provinces (Nancy, Grenoble, Nice, Montpellier, Toulouse, Nantes, Rennes, Rouen), one in Guyana and one in the Antilles. This will bring the total of pilot centers to 22.

In addition, Mrs Barzach indicated that a blood test to detect AIDS would from now on be "systematically suggested" as part of the prenuptial examination.

All these measures, she said, have been taken for the purpose of preserving public health interests and respect for human dignity and the dignity of patients. In her view, we must "inform without frightening unnecessarily." AIDS is a serious problem which demands "a collective awareness", that is, in accordance with an absolute respect for "the rules of democracy." That is why Mrs Barzach is so pleased with the fact that the number of voluntary or freely consented requests for blood tests has tripled in one year. She sees this as one more reason for opposing any systematic and mandatory testing for the disease.

9825

IRELAND

Aids Cases Reported To Double Every 9 Months

Health Official Quoted

54500083 Dublin IRISH INDEPENDENT in English
5 Dec 87 p 5

[Article by Ray Managh and Jim Edwards]

[Text] Instances of the killer disease AIDS are now doubling in Ireland—every nine months, a seminar was told yesterday.

Dr James Walsh, assistant chief medical officer in the Department of Health, said: "There is no question but that AIDS is spreading in this country. It fits in with the AIDS epidemic around the world."

They now had 30 cases reported to the Department, more than half were reported in 1987, he told a seminar on "AIDS in the Workplace."

Dr Walsh had been monitoring the disease since 1982 when it was identified in the U.S.

At the time two cases were under observation in a Dublin hospital and were ultimately recognised as cases of AIDS.

The first cases here from 1982 to 1984 were imported through practising homosexuals as well as through Factor 8 used for treatment of haemophiliacs.

The disease was now indigenous in the population as shown by the surveillance of blood of intravenous drug abusers. The spread of the disease was mainly through drug abusers, Dr Walsh told the conference.

The survival time in Ireland between the diagnosis and death was 18 months.

All blood used for transfusions in this country now had three screening tiers.

As a result, Ireland probably had the safest blood in Europe from the point of view of transfusion.

There should be no further cases of haemophiliacs developing AIDS as a result of infected Factor 8.

Dr Walsh said there was definite evidence that homosexual groups in Ireland were acting in a very responsible and responsive manner to advice on avoiding AIDS. Drug abusers were a very different and difficult problem, he said.

Life Insurance Underwriter J. L. Rennie, of Abbey Life Assurance, said he reserved the right to select from the risks offered for insurance cover and he believed that any existing employee contracting the disease would have to be removed from the workplace.

In certain work places, like dental surgeries, AIDS wards in hospitals and undertakers, employers should ensure that standard sterilisation practices were strictly adhered to.

New Statistics Given

54500083 Dublin IRISH INDEPENDENT in English
18 Dec 87 p 3

[Text] Nearly 600 people in Ireland now carry the AIDS virus according to new figures. A total of 13 have died from the disease.

The total for this year exceeds that for the past five years, with the number of cases doubling approximately every nine months.

/9274

'Flu-Type' Epidemic Reported in Dublin

54500082 Dublin IRISH INDEPENDENT in English
19 Dec 87 p 5

[Text] A flu-type virus which is sweeping through Dublin has been causing severe problems for people already suffering respiratory complaints because of the city's air pollution.

Family doctors are reporting a big rise in patient visits to G.P. surgeries because of the bug which causes a hacking-type cough, joint pains and high temperatures.

Dr Hugh Byrne, who caters for a large section of Dublin's northside, confirmed that the condition is "highly contagious" and appears to be affecting a large number of his patients.

While it can not be classified as an influenza strain, the condition is worse than the normal winter cold, he explained.

/9274

Dangerous Virus From Iraq Found in Dublin Hospital

54500084 Dublin IRISH INDEPENDENT in English
4 Dec 87 p 9

[Text] A dangerous virus which originated in Iraq has been found in a Dublin hospital. It was traced to a patient who was involved in an explosion in Iraq and taken to Dublin for treatment.

Now the Hospitals' Infection Unit has warned hospitals about the infection which can be fatal if not treated immediately.

The man who identified the new strain, Dr Conor Keane, said attempts to monitor the bug's spread would be hampered by the closure of the Hospitals' Infection Unit next month.

The infection strikes by invading open wounds and causing a form of septicaemia—even invading bone tissue.

And Dr Keane warned the strain would be fatal if not recognised and treated. But the problem was that the Baghdad bug is resistant to antibiotics and to chloramphenicol commonly used to treat similar types of infection.

Dr Keane said he would be worried that patients in rural hospitals without microbiology units on hand to identify the strain could be in serious danger.

Dr Keane worked in Baghdad two years ago and brought some strains of the infection home for study. He had them frozen and stored. And when the patient developed septicaemia and the new type of infection was isolated he was able to compare this to the strains from Iraq. They matched.

/9274

PORTUGAL

Statistics on Countrywide AIDS Cases

54002450 Lisbon DIARIO DE NOTICIAS in Portuguese 20 Jan 88 p 11

[Text] In the last 3 months, the Epidemiological Tracking Center for Transmissible Diseases has recorded 9 confirmed cases of AIDS from among 16 suspected cases, raising to 90 the total number of cases through 31 December.

The report states that 81 men and 9 women are included in this number. No cases of children infected as a result of placental transmission have been recorded, but there are two cases of hemophiliacs, one of whom is less than 10 years old and the other less than 14 years old.

The age groups most affected are, for men, between 20 and 49 years of age, and, for women, there are four cases between 30 and 39 years of age and two cases between 20 and 29.

Heterosexuals and homosexuals are still the most affected groups, with 33 and 45 cases, respectively.

To date [20 Jan 88], 53 people out of the total of 90 have died, most of them victims of opportunistic infections (38) and Kaposi's sarcoma (4).

In the last trimester of 1987, three cases of Portuguese men were reported at Santa Maria Hospital. One of the individuals, a 38-year old bisexual, was affected by Kaposi's sarcoma and had lived in Africa between 1970 and 1973.

The second one was a 42-year old heterosexual woman who was a victim of pneumocystis carinii pneumonia and had lived in Guinea-Bissau in 1967 and 1968. The third case is another individual, 63 years old, affected by cryptosporidium, who lived in Mozambique between 1942 and 1974.

On the other hand, a 62-year old Portuguese citizen, a male heterosexual who had been residing in Canada, died in Curry Cabral Hospital. He was a victim of pneumocystis carinii.

The case of a 41-year old male Guinean heterosexual, residing in Guinea-Bissau and with a history of blood transfusions going back to 1985, was recorded in a private clinic in Lisbon.

A 52-year old Portuguese woman who was suffering from cryptococcic meningitis died at Coimbra's University Hospital. She had been in Venezuela for 3 months where she underwent blood transfusions. And a 67-year old male heterosexual Cape Verdean, who has been a resident of Guinea-Bissau for 47 years, is suffering from the disease.

The other two reported cases are two Portuguese men at the Sao Joao Hospital in Porto. These two individuals have also lived in Africa.

The AIDS Task Force stresses the predominance of the male sex (90 percent) and the 20-to-49-year-old age group (77.7 percent).

9895

SPAIN

End-1987 AIDS Statistics Show Slower Rate of Increase

54002444 Madrid DIARIO 16 in Spanish 9 Jan 88 p 12

[Article by Luis G. La Cruz: "Spain Has 789 AIDS Cases, According to Ministry of Health"]

[Excerpts] Madrid—As of 28 December 1987, 789 cases of AIDS had been recorded in Spain, according to preliminary figures of the Ministry of Health. These figures seem to confirm a decrease in the spread of AIDS. The number of diagnosed cases rose to 636 in the previous quarter.

According to the ministry, analysis of these data also reveals a lower mortality rate compared to last year and the continuation of patterns within the so-called risk factors. The high percentage corresponding to drug addicts who use intravenous needles is worrisome.

One of the characteristics of the Spanish epidemiological situation—which is comparable to the Italian and German situation, but different from the rest of Europe—is the high percentage of cases among children of drug addicted mothers.

The number of children officially diagnosed with AIDS does not cause great concern about the spread of the disease. There are 21 children of drug addicted mothers with AIDS.

The general trend that is observed is a slowdown in the spread of the disease. It is felt that this is the result of preventive measures taken by the population and earlier detection of the disease because of the growing number of people who go in for tests. Sources at the ministry told DIARIO 16 that a specific study is being carried out to evaluate the results of the awareness campaigns.

7717

SWEDEN

Plan to Quarantine HIV-Positive People Who Spread Infection

54002427a Stockholm SVENSKA DAGBLADET in Swedish 10 Nov 87 p 10

[Article by Bodil Wallin: "Adelso Residents Upset Over Quarantine Plans"; first two paragraphs are SVENSKA DAGBLADET introduction]

[Text] HIV-positive people who continue to spread the infection and refuse to change their lifestyle will probably be quarantined on Adelso in Malaren.

But permanent residents of the island are upset.

"Adelso is a growing recreational area for residents of Stockholm and Ekero with youth hostels and tour leaders. Not an environment to be tampered with indiscriminately," exclaimed Stefan Qviberg, a farmer and a neighbor of Stenby, the property the Stockholm county council wants to use as a place to send HIV-infected people

However Ekero politicians definitely disagree.

"Such statements show contempt for people. The county council is welcome," said Thomas Mosesson, a Social Democratic politician from Ekero.

Information Important

Leif Axelsson, Center Party municipal councillor, also supports the idea of quarantining HIV-infected people on Adelso.

"I have no objections to this. But of course people must be properly informed," he said and added that an information meeting will be held.

West German Interest

But questions are also being heard from other quarters. Recently West German newspapers have written about Sweden as the country where people with AIDS are interned in camps. And SVENSKA DAGBLADET has been asked by colleagues in West Germany about when the county council will reach its planned decision, so that the West German mass media can be there with their TV cameras and microphones. They stress the point that this kind of compulsory incarceration is impossible in West Germany.

"I have also received phone calls from West Germany," said County Council Public Health Commissioner Bo Konberg (Liberal) who confirmed that the county council will probably decide on Adelso and that extra funds will be set aside for the purpose if that happens.

Supervised in Hospitals

A couple of HIV-positive people, who are also drug abusers, have been subjected to compulsory detention. At present they are being kept under supervision in hospitals in the Stockholm area.

"But being kept in a hospital room when one isn't sick and being under custodial supervision there is inhumane," said Hans Akerblad, Conservative county councillor, who added that Stenby would be a better environment for those who are being detained.

However the county councillors are worried that the law on controlling contagious diseases will provide only custody, not care. The "internment" could last a lifetime if someone fails to give adequate assurance that he will change his way of life.

"The contagious disease legislation is on a collision course with the idea of care. The law provides that no one can be treated against his will," explained Hans Akerblad who added however that of course those who are detained can be motivated to accept treatment through discussions.

Royal Bequest

Stenby was originally a hunting lodge from the mid-1600's that was presented to Queen Kristina. Today the county council uses the property for young people with social problems. But the county council is seeking another more "homelike" location for the young people. That would make it possible to house people infected with HIV at Stenby.

06578

Newspaper Backs Proposal for Changes in AIDS Policy

54002427b Stockholm SVENSKA DAGBLADET in Swedish 10 Nov 87 p 2

[Editorial: "AIDS Policy and the Real World"]

[Text] There should be no argument about the possibility of testing rapists and people who commit other violent crimes that injure others for HIV infection without their consent. That would enable authorities to find out within a few days whether there is a risk that the infection has been transmitted to the victim. Otherwise these people must suffer agonies for up to half a year. That is how long it can take for the antibodies that show up in the tests to develop.

This attitude is an affront to anyone's sense of justice and for this reason it is good that the executive director of the National Health Service, Sven-Runo Bergquist, is calling for a change. This will not be limited to women who have been the victims of sexual assault. Policemen,

prison attendants and health care personnel are already at risk through cuts or infected needles and the problem will just get worse as HIV infection spreads in wider and wider circles.

Perhaps the Social Affairs Ministry, the National Social Welfare Board and the AIDS delegation should pay a visit to the real world and help the police search detained drug addicts, for example. We think it would lead to a very rapid change in attitude if someone from the decision-making level received a needle prick as thanks for his efforts.

06578

UNITED KINGDOM

Leukemia 'Hotspot' Found on Lancashire Coast

54500076 London THE DAILY TELEGRAPH in English 24 Dec 87 p 4

[Article by David Fletcher]

[Text] The incidence of leukaemia among people living on the Lancashire coast is at least three times the national average, university researchers disclosed yesterday.

They are now seeking an EEC grant to study radiation levels from nearby nuclear plants to see whether radioactivity is to blame.

A research team led by Dr John Whitelegg, medical geographer at Lancaster University, collected data on all people over 15 who fell ill with leukaemia in Lancashire between 1982 and 1986.

The expected to find the national average of three cases of the disease a year for every 100,000 people living in the area.

But among people living within five miles of the coast they discovered nine or ten cases per 100,000.

Open Mind

The blackspots ran from Morecambe to Lytham-St-Annes and included Fleetwood and Blackpool.

Dr Whitelegg said: "We have identified a leukaemia problem in the area, but we are not yet in a position to say what the cause might be.

"The next step is to examine radiation levels, but we are keeping an open mind about other possible causes."

Overhead electric cables and water pollution are other candidates, although Mr Whitelegg thinks the former "not very plausible."

JPRS-TEP-88-004
2 March 1988

56

WEST EUROPE

If he can obtain funding of up to L75,000 for a two year study, Dr Whitelegg plans to investigate radiation emissions from Heysham nuclear power station, near Lancaster; Springfields nuclear fuel plant, near Preston, and Capenhurst nuclear station, near Chester.

Dr Whitelegg said Sellafield was outside the area of his study.

/9274

10

This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, economic, military, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available source; it should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated. Those from English-language sources are transcribed, with the original phrasing and other characteristics retained.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names which are rendered phonetically or transliterated by FBIS/JPRS are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in 8 volumes: China, East Europe, Soviet Union, East Asia, Near East & South Asia, Africa (Sub-Sahara), Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications generally contain less time-sensitive information and are published periodically. Current JPRS publications are listed in *Government Reports Announcements* issued semi-monthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcovers or microfiche) at no charge through their sponsoring organizations. DOD consumers are required to submit requests through appropriate

command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.) For additional information or assistance, call FBIS, (703) 527-2368, or write to P.O. Box 2604, Washington, D.C. 20013.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. New subscribers should expect a 30-day delay in receipt of the first issue.

Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.